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CEREBRO-SPINAL MENINGITIS AT TRENTHAM MILITARY CAMP.¹

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and

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Introduction.—On July 9 we were requested by the Director of Military Hospitals to proceed without delay to Trentham Military Camp, to investigate an outbreak of illness of a serious nature amongst the troops, which was causing the authorities considerable anxiety.

On arrival at the camp on Sunday, the 11th inst., we were met by the Military Medical Officers, who gave us every possible assistance in our investigations, and we are indebted to them for the following history of the outbreak:—

History of Outbreak.—At the time of our visit there had been 15 cases of the disease in question, with four deaths, in one case death following within 12 hours of the patient first complaining of being ill. It was not clear whether the four earlier deaths had been due to this disease or not. At the time of writing two further deaths have been reported. There had been no autopsy held in any of these cases. Almost all the cases occurred during convalescence from measles and influenza, of which diseases there was an extensive outbreak, involving some 600 cases.

In these convalescent cases the temperature and pulse had been normal for some days, when the patient began to complain of severe headache, which continued to increase in intensity, while, at the same time, the patient became very drowsy. The temperature suddenly rose to 104° or 105° F. in the evening, and dropped next morning to normal in some cases, and subnormal in others. Thereafter it ranged between 100° and 102° F. By this time the patients were described to us as "having a flushed face, and the aspect of men who were very drunk." In each case a profuse purpuric rash, commencing on the back of the hands and forearms, and spreading to the trunk and legs, made its appearance about the same time.

The outstanding feature of the rash was that accompanying it was a number of large, irregular, hæmorrhagic blotches, some of which were equal to the area covered by half a crown. There was no history of vomiting. No marked catarrhal, meningeal or spinal symptoms had been noted. Blood had been taken from one of the earlier patients for blood culture, by Mr. Hurley, Government Bacteriologist at Wellington, and found to be sterile. Swabs

had been taken from the throats of several cases, and those on investigation showed pneumococci, staphylococci, streptococci, b. influenzae and micrococcus catarrhalis.

In view of the extreme toxæmia and the extensive purpuric rash, typhus fever was suspected, and measures were taken to isolate the patients. On making enquiries, however, as to the state of the camp, more especially as regards sanitation and overcrowding, and having ascertained that there was an almost complete freedom from vermin, we considered that the disease in question was not typhus fever.

Clinical Examination.—Having heard the above history, we proceeded to examine the patients. These to the number of seven were accommodated in two rooms of a wooden building, which had been converted into an isolation hospital. Only two of these patients were in the acute stages of the disease, and to these we directed our attention more particularly.

Clinical Examination of Trooper W.—This patient was in a condition typical of the early acute stage of the disease. At the time of our visit his temperature was 102.5° F., and had been 104° F. The patient was lying on his back, his face was flushed, and his eyes closed, and he appeared drowsy. The skin was dry and the purpuric rash previously described was typical, the face, neck, palms of hands, and soles of feet being free. There was no herpes. When spoken to the patient seemed to understand, but cerebration was slow. The pupils were dilated, and the conjunctivæ injected. The tongue was red and glazed, but the patient was too ill to allow of an examination of the pharynx. There was no history of vomiting, but there was incontinence of feces and urine. The patellar tendon reflexes were absent. On turning the patient over, rigidity of the muscles of the neck and back was evident, and lateral movement of the neck was painful. Slight opisthotonos was present.

The symptoms pointed to an extreme toxæmia, which in a large measure obscured the meningeal and spinal symptoms which were present. (It is interesting to note that Herman and Feldstein, in their book on Meningococcus Meningitis, state that head retraction is not common in adults.) The previous evening the patient was maniacally delirious.

Lumbar Puncture.—On lumbar puncture under an anæsthetic, the cerebro-spinal fluid which was under pressure was seen to be turbid, and about 40 c.cm. were drawn off. Blood smears and a catheter specimen of urine were also procured.

Case of Trooper D.—This case, which was further advanced than that of Trooper W., presented very much the same picture, except that there was muttering delirium, exaggerated reflexes, and well marked herpes, and the cerebro-spinal fluid was not under pressure, only about 2 c.cm. of turbid fluid being

Being an abstract of a communication made to a clinical meeting of the Otago Division of the New Zealand Branch of the British Medical Association.

obtained. Blood smears were taken, but no catheter specimen of urine.

The subsequent investigation of these two cerebro-spinal fluids and the urine, showed the presence of the *diplococcus intracellularis meningitidis* of Weichselbaum, and the blood films a polymorphonuclear leucocytosis of about 15,000 per c.mm.

Owing to the serious condition of these two patients, it was not possible to examine the throats, but on making enquiries, the Sister of the ward informed us that all cases complained in the first instance of a dry catarrhal condition of the throat, accompanied by a dry cough, and scanty viscid expectoration. The throats of several patients under observation for suspicious symptoms were examined, and in each case a passive hyperæmia of the soft palate and pharynx was observed, very similar to that described by Lundie, Thomas, Fleming and MacLagan (7). In fact, many of the features of the outbreak correspond closely with those described by these observers in the recent epidemic in the Aldershot command. The outstanding difference in the New Zealand outbreak is the presence of the purpuric rash in all the cases, and the more profound toxæmia.

In diagnosing this disease we would emphasize the necessity of lumbar puncture, performed under the strictest aseptic precautions, and the immediate transference of portions of the cerebro-spinal fluid to suitable culture media, maintained at a temperature approximating that of the human body.

Note on the Bacteriological Examination.

Owing to the distance of the camp from the nearest laboratory, we were indebted to the kindness of Mr. Hurley, Government Bacteriologist at Wellington, for an excellent travelling outfit which he supplied at very short notice. The preliminary laboratory procedures were carried out at the camp hospital immediately the specimens were obtained. Blood agar plates were spread direct from the cerebro-spinal fluids, while to portions of the fluids and urine in sterile test tubes an equal quantity of a sterile solution of glucose and citrate was added, to make a strength of 3% glucose and 1½% citrate, as recommended by Lundie, Thomas and Fleming (5). These, with the remainder of the original specimens, were placed in a leather bag along with a hot water bottle, so that the cultures were maintained at a temperature just below that of the human body during the journey from the camp to the laboratory in Wellington. This precaution is necessary in view of the ease with which the meningococcus dies even in cerebro-spinal fluid, when removed from the body.

On reaching the laboratory the same evening, Mr. Hurley prepared a series of films from one of the specimens of cerebro-spinal fluid, and in these a few Gram-negative diplococci were found, along with numerous polymorphonuclear leucocytes. The cocci closely resembled Weichselbaum's meningococci, and were for the most part extra-cellular, but a few were found within the leucocytes.

The following morning, after 16 hours' incubation, there was found to be a profuse growth of characteristic discrete colonies on the blood agar plates, and

films from these showed Gram-negative diplococci with involution forms. In films from the specimens of cerebro-spinal fluid and urine, which had been enriched with glucose citrate solution, Gram-negative diplococci were readily found. No growth was evident at this time on plain agar. Subsequent investigation of several colonies gave the following result:—

No growth on serum agar at 23° C. Well-marked growth of characteristic colonies on blood agar and serum agar at 37° C. in 18 hours. Well-marked growth on agar (second sub-culture) in 24 hours at 37° C. Acid production in glucose and maltose-litmus-serum-peptone solution after 48 hours. No acid production in saccharose-litmus solution. No pigment production on serum agar after three days at 37° C.

In view of the above findings we reported with Hurley that the two patients, whose cases we had investigated, were suffering from cerebro-spinal meningitis, due to Weichselbaum's meningococcus, and that it was reasonable to assume that the fatal cases, and the cases which were recovering, and had had similar symptoms, were also instances of this disease.

Prophylaxis and Treatment.—Immediately on receipt of our report a board of medical and military officers was set up at the camp to consider what steps should be taken to deal with the outbreak, and the measures recommended were immediately enforced by the Government. As the condition of the camp in its relation to the outbreak of measles, influenza and cerebro-spinal meningitis has been made the subject of an enquiry by a Royal Commission, which is at present sitting, we refrain from making any remarks on the prophylactic measures recommended by the Board, but we append a list of recent papers on cerebro-spinal meningitis, which may be useful to colleagues who wish to refresh their knowledge on the subject.

Bearing on the criticism, which has been levelled at the Government, that the conditions obtaining at Trentham Camp were the direct cause of the outbreak of meningitis, the following abstract of Ledingham's paper, taken from the *Journal of State Medicine*, June, 1915, is of interest. Ledingham points out that: "The meningococcus has certain properties which mark it off as an organism which cannot, under any circumstances, lead a saprophytic life outside the human body. These properties are its great susceptibility to (1) cold and (2) to drying. It will not grow below 25° C., and cultures kept at room temperature very rapidly die out. If no precautions are taken against drying, the organism dies out even at 37° C. in a few days. The meningococcus has never been isolated from dust, air, or fomites generally, and, indeed, its short-lived character renders very remote the possibility of its transmission by such media."

Previous Incidence of Cerebro-Spinal Meningitis in New Zealand.

No accurate data are available on this point, as all forms of meningitis are grouped together in the statistics published annually by the Public Health

Department. Thus, for the years 1908-1913 inclusive there were on an average 135 deaths *per annum* from simple meningitis, but these figures give no indication as to the number of cases of meningococcal meningitis. Cases are occasionally notified as cerebro-spinal meningitis, but without any bacteriological confirmation, the diagnosis cannot be accepted as reliable.

From enquiries made at the hospital laboratories, we can only trace two definite cases of meningococcal meningitis in which a bacteriological examination confirmed the diagnosis, and these were in infants, in the Dunedin Hospital, in 1912.

As most of the cases of meningitis, which are treated in the public hospitals, are now subjected to bacteriological examination, cases of this disease would almost certainly be detected, and we can only conclude that meningococcal meningitis has been, up till the present outbreak, a disease of infrequent appearance in New Zealand.

In conclusion, we hope that these notes, fragmentary as they are, will be of use to our colleagues, in directing attention to the more salient features of the disease, as it has appeared amongst adults in New Zealand.

Bibliography.—List of recent papers of general interest for reference:—

1. Memorandum by Local Government Board, which is being reprinted by the Public Health Department, and will shortly be circulated amongst the members of the profession in New Zealand.
2. Memorandum by the War Office, *Public Health*, March, 1915.
3. Cerebro-Spinal Meningitis in Camps and Barracks Osler, *British Medical Journal*, January 30, 1915.
4. Cerebro-Spinal Meningitis, Ledingham, *British Medical Journal*, March 13, 1915.
5. Cerebro-Spinal Meningitis, Lundie, Thomas and Fleming, *British Medical Journal*, March 13 and 20, 1915.
6. Cerebro-Spinal Meningitis, Arkwright, *British Medical Journal*, March 20, 1915.
7. Cerebro-Spinal Meningitis, Lundie, Thomas, Fleming and Macalagan, *British Medical Journal*, May 15, 1915.
8. Cerebro-Spinal Meningitis, Batten, *Lancet*, May 8, 1915.

AN EXPEDITIOUS BEDSIDE MODIFICATION OF THE WIDAL TEST.

By **Oliver Latham, M.B., M.Ch. (Syd.)**,
Pathologist to the Lunacy Department, N.S.W. Government,
Sydney.

The Widal reaction, or the clumping of emulsified Ebert's bacilli of enteric fever by the blood serum when suitably diluted, and within a given time limit, conveys a certain amount of information. In country districts, however, it is necessary to seal a tube of blood, to pack it carefully in a non-destructible box, and to stamp and post the latter. Not infrequently the practitioner is kept waiting for several days for an answering telegram, since the postal authorities rarely remit pathological packages by letter post.

Many years ago a well-known wholesale drug firm put on the market a macroscopical test outfit, consisting of an emulsion of killed bacilli and four small tubes. The tubes had to be kept scrupulously clean, and a not inconsiderable amount of blood serum was required. The test consisted in making

various dilutions of serum in three of the tubes, and 12 hours after adding a measured quantity of emulsion at room temperature, in noticing the presence or absence of a precipitate (composed of clumped bacilli) by comparison with a tube of emulsion without serum. The method was a boon, but still consumed a lot of time, and the quantity of emulsion necessary for six tests cost ten shillings.

Some four years ago I noticed a small paragraph in the *British Medical Journal*, calling attention to the Bass-Watkins quick method. This method was favourably reviewed in the *Archives of Paediatrics* for March, 1912, by Ruhräh and Menville. As then described an emulsion of 10,000 million typhoid bacilli in saline solution was obtained, and after a drop of the blood to be tested had been allowed to fall into three drops of tap water, say in a spoon, a drop of the mixture, which was found to become clear and transparent in one minute, was placed on a glass slide, and then a drop of the emulsion added. The whole was then thoroughly mixed and the slide was tilted from side to side and up and down. In positive reactions a cloud of minute particles, consisting of clumps of bacilli, appeared within two minutes. This cloud increased gradually in visibility. In markedly positive cases quite large flocculi appeared almost immediately. In negative cases the fluid remained clear after the time-limit of two minutes.

During the last four years I have used a modification of this method in hundreds of cases, and have compared the results carefully with those obtained by Widal's original method. Using the same strains of bacilli, which clumped well, I never got an antagonistic result in definitely positive and negative cases, but of course doubtful reactions are met with in which a decision is in doubt even by Widal's original method.

The modification which I found an improvement on the above depends on the use of serum instead of blood (a very small quantity suffices), and of a rubber teat and glass pipette. The latter is provided with a mark, made with a grease pencil or sealing wax, about one inch from the end, and two other marks, 3 and 4 measures respectively up the tube.

The Test.—A measure of serum is squirted from the pipette on to a clean slide; then three measures of tap or distilled water are mixed with it, and four measures of the emulsion of typhoid bacilli, to which formaldehyde has been added, are placed on the slide and mixed with the diluted serum. The strength of the formaldehyde sufficient for this purpose is equivalent to 1% of commercial formaldehyde. I found that the emulsion soon became putrid, and ½% carbolic acid did not act as well as 1% formaldehyde. The rest of the procedure is identical with that described for the blood drop method. The absence of blood corpuscles increases the visibility of the clumping and the pipette gives greater accuracy.

The emulsion with the addition of formaldehyde keeps its qualities excellently for at least six months. I have used some emulsion 18 months old with satisfactory results. I got the idea of using formalde-

hyde from an article in the *British Medical Journal* some time back, in which the writer described a method whereby separate bottles of Gram-positive and Gram-negative cocci and bacilli could be preserved in the antiseptic, and standardized to say 1000 millions per c.cm. by means of an ordinary haemocytometer, in which the bacteria can be counted quite readily by using an oblique illumination and a high eyepiece. The counting is rendered easier if 15 minutes be allowed for the bacteria to settle, and if the dilution is so arranged that not more than 5 occupy one small square. Bruce described a rough test for *bacilli coli communis* and the staphylococcus group. He found that when a test tube with a diameter of $\frac{3}{8}$ -inch were filled with an emulsion containing 1000 millions, Muir and Ritchie's ordinary type could be just read through it.

In counting a vaccine, instead of using human blood and sodium citrate solution, according to Wright's method, a measure of the emulsion to be standardized is sucked up in the pipette, and if the bacteria are Gram-positive, an equal measure of a standardized Gram-negative cocci is also taken up. The two measures are then mixed on a slide and a film made, either by fixing with heat or with 10% formaldehyde in absolute alcohol for five minutes. The film is stained by Gram's method and counter-stained with 1 : 500 saffranin. The ratio of the Gram-positive and the Gram-negative bacteria is determined, and the strength of the former easily calculated.

I have kept the ordinary acetic acid mixture for white cells, Toisson's fluid, and a stain for cerebro-spinal fluid free from yeast cells and other contamination for four years by the addition of 1% formaldehyde. The formation of a precipitate in the stain is inhibited by this addition. The typhoid emulsion preserved in this manner with formaldehyde can be prepared by any bacteriologist by washing off a 24-hour old agar growth of a good clumping strain of *bacillus typhosus* with a 1.7% solution of sodium chloride containing 1% formaldehyde. The washings are then diluted until a titre of 10,000 millions per c.cm. is obtained. No heating is necessary, since the mixture soon becomes sterile.

Should any clumps be observed, the emulsion can be filtered through a little moist cotton-wool loosely plugging a funnel. A smear from the emulsion stains well for nearly a year. Doubtless the power of the emulsion to retain its clumping qualities is dependent on the preservation of the form and staining qualities of the bacteria induced by the formaldehyde.

A friend of mine recently obtained two positive and one partially positive reaction in testing seven cases suspected of enteric fever by means of the small tube sedimentation test, and five positive and one partially positive reactions by this short method. The results obtained by the short method were confirmed by Widal's original technique on the same day.

In this case, the proprietary preparation had either deteriorated or the test was not sufficiently sensitive. The subsequent clinical course of the disease demonstrated that there was no doubt about the diagnosis of the cases.

Reports of Cases.

A CASE OF LACHRYMAL ADENITIS.

By Eric Jeffrey, M.A., M.B., Ch.M.,

Late Resident Medical Officer, Moorecliff Eye Hospital, Miller's Point, Sydney.

W.B., aged 7 years, a schoolboy, came to the casualty room of the Moorecliff Eye Hospital on June 10, 1915, complaining of pain and swelling in his left eye. The symptoms had been present for a week.

On examination, the upper lid was seen to be in a state of ptosis and to be slightly cyanosed in its outer half. On palpation, a structure of moderately tense consistency, with well-defined edges extending down and covering the upper and outer quadrant of the cornea was felt. This swelling was slightly tender, but not extremely so. The mass was confined to the outer half of the upper lid, and seemed to be prolapsed from under the supra-orbital ridge, as no superior edge could be felt. The conjunctiva was somewhat injected, but in all other respects the eye was normal. The vision was not impaired when the lid was raised from the cornea. When the lid was everted, it was seen quite plainly that the ptosis was due to the mass pushing the upper lid downwards in the region of the outer half of the superior fornix of the conjunctiva.

A provisional diagnosis of lachrymal adenitis was made, and the patient was referred to the Ophthalmic Out-patient Department of the Sydney Hospital. Next day he returned to Moorecliff with a diagnosis of pus beneath the upper lid; but a careful examination failed to reveal any evidence of suppuration. Treatment with fomentations and argyrol was instituted. The improvement was rapid. The mass, which proved to be an inflamed process of the lachrymal gland, receded within a few days beneath the supra-orbital ridge, and was soon no longer palpable. There were no marked constitutional signs at any period of the affection, and no evidence of other glandular involvement was obtained.

I am indebted to Dr. R. H. Jones for permission to publish these notes. The case is worthy of being placed on record, since the condition is distinctly rare and the aetiology obscure.

Reviews.

SURGERY.

Looked at from one angle, it is possible to describe "The Clinics of John B. Murphy" as the production of the publicity department of a surgical business in Chicago, apparently a highly commercialized concern, run on business lines. The publication reminds us in many ways of the interesting pamphlets sent out to promote the interests of spas, health resorts, hotels, and the like in Europe and America. It should be, from an advertising point of view, a highly effective venture.

That is the view which may be taken from one standpoint of criticism. It may be that this is an improved development of the business side of surgical enterprise, and that it will increase. Indeed, Dr. Murphy's is not the only clinic whose excellence is made prominent by careful attention to the psychology of advertising. It is to be hoped that it will always make famous only those deserving of fame.

Opinions may legitimately differ as to the taste of some of the published matter in these "Clinics of Dr. Murphy," but there can be no question as to the general excellence of the surgical matter. It may be said, too, that there are some very good points in the institutional, or team, system obtaining in Dr. Murphy's clinic, as against the incoordinated and systemless form of practice we have been accustomed to, whereby each man works his own way as a solitary individual, so far as private patients are concerned. Perhaps we may, some day, find a solution of this

¹ The Surgical Clinics of John B. Murphy, M.D., Vols. III, and IV., Nos. 6 and 1, December, 1914, and February, 1915, respectively. Philadelphia: W. B. Saunders Company; Melbourne: James Little; Illustrated, Demy 8vo. Price, 35s. per annum.

difficulty in a consolidation and development of our excellent private hospitals.

Dr. Murphy is a man of outstanding individuality. That goes without saying. But, apart from the matter of taste, these "Clinics" reveal Dr. Murphy as a great deal more than an enterprising operator. Anyone can be that. Dr. Murphy is a surgeon of vast experience and great resource, and he presents us with a series of cases of great surgical interest and very wide variety. Moreover, he does it very well. He has a well-developed gift of expression. We are inclined to be sceptical as regards the wisdom of some of the surgical work and opinions. Nevertheless, the "Clinics" are enjoyable reading, and there is a great deal to think about in the two numbers. If there are any men left in Australia who would treat appendicitis on the "wait-and-see" principle, we would commend to them the perusal of certain portions of both numbers. It will be worth their while.

Naval and Military News.

Through an oversight we omitted in our issue of last week to include the name of Captain F. N. Le Messurier, attached to the First Australian Stationary Hospital, in the list of those reported to be ill.

The friends of Dr. Ashburton Thompson have been shocked at the news of the death of his step-son, Lieutenant Bryan George Casson Simpson. Lieutenant Simpson was attached to the Royal Horse Artillery, 7th Brigade, Ammunition Column, 1st Cavalry Division. He was sent to France in May.

It is reported from Melbourne that a modification of the plans for the equipment of the Australian General Hospital in England has received the approval of the Minister for Defence. It is stated that difficulty is being experienced in securing the necessary personnel. The number of medical officers has consequently been reduced to 20, and that of the nurses to 60.

The following appointments to the Honorary Medical Staff at the Base Hospital in St. Kilda Road, Melbourne, have been announced:—

Officer in Command: Lieutenant-Colonel J. Steele.

Lieutenant-Colonels: Honorary Majors A. V. M. Anderson and W. Moore.

Secretary and Registrar: Honorary Major R. Berry.

Majors: Honorary Majors G. T. Howard, J. E. Nihill, J. S. Buchanan, and T. H. Boyd.

Captains: Honorary Captains J. F. Agnew, J. T. Murphy, C. R. Player, and C. Perry.

Resident Medical Officers: Honorary Captains T. G. Meade, L. H. Wright, and M. B. O'Sullivan.

Ophthalmologist and Otologist: Honorary Major P. S. Webster.

Radiologist: Honorary Major H. F. Lawrence.

Bacteriologist: Dr. R. J. Bull.

Alienist: Dr. Ernest Jones.

Permanent Board: Honorary Majors W. R. Boyd, R. H. Russell, F. W. Wilkinson and F. H. Langlands.

The following has appeared in the Commonwealth Government Gazette No. 80, under date of July 24, 1915:—

Appointments, Promotions, etc.

1st Military District.

A.A.M.C.—

James Lee Selwood to be Captain (provisionally and temporarily).

Arthur Adrian McKay to be Captain (provisionally and temporarily).

Captain (provisional) O. Smithson is transferred to A.A.M.C. Reserve.

A.A.M.C. Reserve—

Frank Howson to be Honorary Captain.

2nd Military District.

A.A.M.C.—

Lieutenant H. H. Willis is transferred from Sydney University Scouts, and to be Captain (provisionally and temporarily).

A.A.M.C. Reserve—

William James Hunter to be Honorary Lieutenant.

Second Lieutenant R. J. Nixon is transferred from Sydney University Scouts, and to be Honorary Captain,

The age for retirement of Honorary Major R. D. McMaster is extended from May 28, 1915, under the provisions of Commonwealth Military Regulation 134, as amended by Statutory Rule 128/1914.

The age for retirement of Honorary Major W. Chisholm is extended from August 6, 1915, under the provisions of Commonwealth Military Regulation 134, as amended by Statutory Rule 128/1914.

The age for retirement of Honorary Captain J. Booth-Clarkson is extended from May 13, 1915, under the provisions of Commonwealth Military Regulation 134, as amended by Statutory Rule 128/1914.

3rd Military District.

A.A.M.C.—

Alexander Clow Fraser, Frank Fitzroy McMahon, Leonard Alexander Wright, Leonard Ruscoe Steele, and Alexander Lyons to be Captains (provisionally and temporarily).

A.A.M.C. Reserve—

Sydney Herbert Allen and Basil Kilvington to be Honorary Captains.

Redmond Joseph Roche, Ernest Freeman Greenwood, Boyens Hedley Hocking, Joseph Polack, Edward Raymond Reeve, Arthur Reginald Smith Wellman, William Lewis Aitken, William John Tuckfield, Edward Salis Fischer, Charles Harold Down, James Alfred Natrass, Frederick Stanley Parrett, George Finlay, and Athol Mason Cox to be Honorary Lieutenants.

Honorary Captain S. C. Strahan is transferred to A.A.M.C., and to be Captain (provisionally and temporarily).

Honorary Captain H. R. Catford is transferred to A.A.M.C., and to be Captain (provisionally and temporarily).

4th Military District.

A.A.M.C. Reserve—

Benjamin Poulton and William Thornborough Hayward to be Honorary Majors.

Leonard Graeme Muirhead and Mortimer Durnford Nesbit to be Honorary Captains.

Laurence Bret Day, Frank Meeten Bradshaw, William Arthur Harrop, Arthur Irwin Chapman, Richard Godson, and Pitre Desmazures to be Honorary Lieutenants.

Honorary Captains A. V. Benson and F. S. Hone are transferred to A.A.M.C., and to be Captains (provisionally and temporarily).

Honorary Captains R. Puleine and H. Covernton are transferred to A.A.M.C., and to be Captains (provisionally and temporarily).

5th Military District.

A.A.M.C. Reserve—

Alfred Edgar Cullen to be Honorary Captain.

William Thomas Dermer to be Honorary Captain.

6th Military District.

A.A.M.C.—

Captain G. Sprott to be temporary Major and Principal Medical Officer (temporarily), with pay consolidated, at rate of £300 per annum, *vice* Captain D. H. E. Lines, seconded from the appointment for duty with Australian Imperial Force.

A.A.M.C. Reserve—

Honorary Captain E. W. J. Ireland is transferred to A.A.M.C., and to be Captain (provisionally and temporarily).

The following appointments have been gazetted in Melbourne on July 28, 1915:—

Army Medical Corps.

To be Lieutenant-Colonel with pay of Captain—

Lieutenant-Colonel N. B. Gandevia, V.D., Australian Army Medical Corps Reserve.

To be Majors with pay of Captain—

Major G. Read, Australian Army Medical Corps Reserve.

Honorary Major C. L. Lemprière, Australian Army Medical Corps Reserve.

Honorary Major A. W. F. Noyes, Australian Army
Medical Corps Reserve.
Alexander Pentland
To be Captains—
Honorary Captain C. A. Payne, Australian Army
Medical Corps Reserve.
Thomas Bunnet Lewers.
Devereux Gwynne-Hughes.
Charles Brownlow Pym.
Henry Gilbert.
Hugh Herbert Montgomery.

The following extract from a letter written by Captain H. R. G. Poate to his father will be found to be of great interest to all his many friends, and, indeed, to the whole medical profession in Australia. We have to express our indebtedness to Mr. F. Poate, J.P., the Surveyor-General of New South Wales, for enabling us to publish it:—

Alexandria, 8/6/15.

Have just arrived here after the hardest five days work I have ever put in. We came on board this boat on 1st inst., after having been ashore near the village of Moudros on Lemnos Island for eight days, where we had absolutely nil to do, went for a few marches and had two or three swims a day. This boat has only just brought out some British troops, and before this for some months acted as a "prison-ship" for Germans. The 'tween decks were all fitted with bunks packed close together, and rather a dark and dismal place, so we set to work to remove them all, keeping the spring mattresses and beds. It was a big job, as there were some 1400 to remove. Anyhow, we set to it, and by the morning of 4th had everything down, the iron and wood work stowed away, the decks cleaned and washed, and the beds all laid out and made ready to take on 950-1000 patients. It was just as well that we did work so hard, for on Friday, 4th, at 10 a.m., a boat came alongside and told us we had to receive 94 patients from Kaba Tepe, i.e., where our Australian and New Zealand division landed. A number of these were mild "sick" cases, e.g., influenza, dysentery, etc., and a few slightly wounded, and we soon fixed them up. The Colonel, who had not been too well, then cracked up, and has been in bed for three days *hors de combat*, so Aspinall and I had to carry on. I forgot to say we had received five junior R.A.M.C. officers to give a hand, but no men other than the 50 N.C.Os, and men we had of our own unit. We had orders for full steam to be kept up, so expected a move at short notice all day, but at 7 p.m. another trawler came alongside with three officers and 152 men wounded from Cape Helles, where the British are. A big attack had been in progress all day, and they said we could expect wounded by the thousand. It only took us an hour and a quarter to get them all on and into bed. Aspinall went on to the boat and called out the injury, and I sent them along to the various parts we had set out for the several classes of injuries we had arranged for.

We had some very bad cases with these, but decided not to do anything but dress them that evening, so we all set to, and by 1 a.m. had them all as comfortable as could be, and then turned in, but were up at 5 a.m. on 5th to receive another batch of 12 officers and 71 men, mostly all very seriously wounded, as this ship had already sent off her slight cases. It took us about 1½ hours to load these, as nearly all were stretcher cases, and while this was going on another boat drew up with more serious ones for us; so as soon as the 5 a.m. lot were on we cleared the next boat of 9 officers and 35 men—again nearly all stretcher cases.

We set to work to try and fix some of them up, and both Aspinall and I were operating all day long on the worst ones. The Colonel was in bed; the R.A.M.C. chaps were busy, two giving anaesthetics for us and the others going round the cases.

We had to depend on one of our own men for assistance at operations. All our fellows were at work, too, with dressings, and the ship's people, stewards, etc., were helping with meals, etc.

At 7 o'clock that night we took on another lot of four officers and 150 men, some very seriously, but, luckily, a lot of slightly, wounded.

We had just cleared this ship when at 9 p.m. another arrived with 18 officers and 209 men, again a fair leaven of slight cases, but a few ghastly ones. We were just setting to work to dress these when at 11 p.m. we had another lot of 102 to take on, among them being 36 of their worst cases and the remainder of their very slightest, as we refused to take any more officers, and had as many serious ones as we could possibly manage; so sent word we were full up and our accommodation strained to the utmost. We then had on board 46 officers and 813 men. Not bad going, especially as close on 800 had been taken on in under 30 hours!

Fortunately, they did not try to make us take any more.

Well, we got to bed about 2 a.m., and were up at 7 a.m. to see what we could do, and were very pleased to receive sailing orders and leave at 9 a.m. on Sunday, 6th, for Alexandria. All day Sunday I was in the operating theatre going strong until about 11 p.m.—of course, time off for meals.

Luckily, we had fine weather for the trip back, which took us about 12 hours longer than it should have, as the Captain had received Admiralty orders to zig-zag all the way by day on account of submarines, which, as no doubt you know, are in the neighbourhood and have done some damage.

On Monday, 7th, we were at it again all day, and until late at night. This morning (Tuesday) I did only one case. Altogether I did 23 operations, including five brain cases, and Aspinall did 15, with four or five brain cases also. Our mortality has been so far very low, considering the nature of the cases; only nine deaths so far, but there are several others who cannot possibly live, as, e.g., some head cases, lung, abdomen and spine cases, none of which had been operated on, as they were hopeless. There is a particularly virulent form of infection in some of these bad wounds, which spread very rapidly, and against which it is hard to fight. We have had a number of them infected with a gas-forming organism. It is now 8 p.m., and we are still anchored in the stream and no orders received!

We are looking forward to some letters here. I believe they are going to put us off this boat and send her back to England, in spite of our having worked so hard to get her ready for hospital work, and she is by far and away the best boat we have been on for this work. All we want is a few more orderlies and a little further re-arrangement of space below, and we could take 1000 cases easily—say, 300 of the very serious and 700 slight cases. At present with this lot we have over 50% serious, which means very heavy work for all; 30% is more than enough of bad cases in any one ship.

THE KYARRA INCIDENT.

We understand that the Minister for Defence has instituted enquiries concerning the charges of neglect alleged to have taken place in the proper reception in Victoria, and transport to other States, of returned invalided soldiers. As a result of these enquiries, he has come to the conclusion that the explanations given by the responsible officers are not satisfactory, and he has therefore felt himself compelled to suspend the two officers in Victoria who were in charge of the arrangements. A full official enquiry will be held by the Chief of the General Staff, at an early date.

On July 22, 1915, Mr. Ponder, M.L.A., asked the Prime Minister, in the South Australian Legislative Assembly, whether it was the intention of the Government to take action at an early date in connexion with the building of a new hospital in Adelaide. The reply given was to the effect that the Governor, in his speech, had stated that members would be asked to sanction the construction of a new Adelaide Hospital. He also asked whether, before proceeding with the building, the Government would consider the advisableness of converting the Parkside Asylum into a general hospital, and removing the asylum into the country. The reply to this question was in the affirmative.

The Medical Journal of Australia.

SATURDAY, AUGUST 7, 1915.

Treatment of the Convalescent Soldier.

On another page will be found records of two highly interesting discussions on the proposals which the Director-General of Medical Services has forwarded for the consideration of the Branches of the British Medical Association. It will be remembered that the Department for Defence had under consideration for a considerable time a scheme for the treatment of the returned wounded and sick soldiers. The terms of this scheme were not disclosed until a conference had taken place on June 25, 1915, between the members of the Federal Committee of the British Medical Association and the Director-General of Medical Services and the Principal Medical Officers of the various military districts. Prior to this conference, a proposal of the Council of the New South Wales Branch had been submitted to Colonel Fetherston to organize a voluntary medical service for the purpose of looking after the sick and injured men. This proposal was regarded as impracticable. At the conference, the military authorities urged upon the members of the Federal Committee that one thing was essential. The Federal Government had undertaken to accord medical care to the returned invalids for a period, and during this period it could not delegate its responsibility. It was consequently necessary for the Defence Department to maintain a control and surveillance over these soldiers. This could only be done if the practitioners looking after the men were either in the Army Medical Service or under the direction of the Department. For this reason, all practitioners tending the soldiers during the six months after their return must be in Governmental employment. Colonel Fetherston consulted the profession whether the sum of 25s. per soldier for a period of six months would be satisfactory to the individual practitioners. On this point, the Branches are now deliberating.

The members of the New South Wales Branch differ from the members of the Western Australian Branch on a point of principle. The Sydney men

have determined to force upon the Defence Department a gratuitous service. They feel that the soldiers have done so much for the Commonwealth, that the least they can do in return is to give them their skill, time and labour without remuneration. This sentiment must command the respect of everyone. The members in Perth, on the other hand, consider that the Federal Government should supply the material required for treatment, and for the rest they are prepared to agree to any scheme which the Director-General may regard as the best. They have adopted an accommodating attitude.

There are two points which appear to us to be material in this connexion. Both have been brought out in the discussions. In the first place, the Federal authority wishes to reduce the practitioners to the level of paid servants on a small honorarium, which may or may not be defrayed out of consolidated funds. Medical men have been in the habit of discharging duties in an exemplary fashion without payment, without compulsion and without servitude. The Federal authority must be aware of the temper of the profession at the present time, and must know that if country practitioners undertook to attend to the invalided soldiers on a voluntary basis, the work would be done as thoroughly as if it were paid for; perhaps even more thoroughly. For this reason, we share with the members of the New South Wales Branch the opinion that there is no need for remuneration. Indeed we anticipate some slight difficulty if payment be insisted on. The rate of remuneration is fixed at 25s. for six months per soldier discharged from the military hospitals. The Government is responsible for treatment for six months after the return of the soldier, and it is to be assumed that no discharged soldier, or at most very few, will be on the country practitioners' lists for the whole six months. We presume that the Federal authority therefore proposes to pay the doctor at the rate of 25s. per six months. We may further assume that the average stay in military hospital or convalescent home will not be far short of three months, and the terms offered would be still less than at first appears.

The second point is much more difficult to deal with. The Federal authority announces its policy quite distinctly. There is to be no gratuitous treat-

ment. The medical profession in New South Wales announces its intention that there shall be no remuneration for services rendered. Which of the two will give way? It has been said that the doctors are necessary for the scheme. They can therefore dictate terms. But we must realize that the medical profession is desirous of conserving the most amicable relations with the Department of Defence. It would therefore appear that the path of wisdom would be to institute negotiations between the New South Wales Branch and any other Branches of the British Medical Associations that may arrive at the same conclusion as the New South Wales Branch arrived at and the Minister of Defence, with a view of arriving at a mutually acceptable conclusion. It would be deplorable if the desire of the patriotic practitioners in Sydney were to lead to an increase of the difficulty which the Defence Department has to overcome, or to an estrangement. We therefore hold the view that the most politic course for the doctors to pursue would be to represent to the Minister the objections held to payment and direct service. This would probably lead to a happy solution of a difficult problem.

INSURANCE SOCIETIES AND HOSPITALS.

A correspondent has drawn our attention to a prospectus issued by the City Mutual Life Assurance Society, Limited, of Melbourne. This society holds out as an inducement to the public the offer that the policy entitles the policy holder to hospital treatment in any public hospital without extra premium. In the pamphlet in question, it is argued that policy holders are admitted into hospitals a week or two earlier than persons not so insured. The public must judge for itself what the value of this promise is, and what the extent of the alleged advantage is. The Hospital Boards must decide for themselves whether they are prepared to allow the wards of the hospitals to be utilized for a purely business venture. And, lastly, the medical profession must determine whether its members are to be exploited for this purpose. It is useless to attempt to protect the public against its own stupidity, and if the public is willing to believe that a man needing hospital treatment will obtain admission to a public institution more rapidly because his insurance society is prepared to pay a few pounds, that is its

own lookout. The aspect of the Board of Management in a different matter, and we would direct the attention of the Boards of the Melbourne hospitals to this published claim. The reputation of a public hospital which lends its equipment to an arrangement of this kind is likely to suffer when the fact becomes known.

The most serious aspect of the proposition, however, is the effect which this arrangement must have on the medical practitioner. A life office promises as a right attached to its policies treatment in a public hospital. Who supplies the treatment? The honorary medical officer, or possibly the resident medical officer. Honorary surgeons or physicians would be quite justified if they refused to provide treatment to a person holding an insurance policy which carries with it medical treatment unless an adequate fee be paid for the treatment. Since the members of the honorary staff of a public hospital may not accept payment from patients for institutional treatment, the attitude of these gentlemen toward the policy holder must be quite clear and firm. In some cases, the resident medical officer might be called upon to undertake the treatment. But the fact that this gentleman is a salaried officer does not alter the position. Public hospitals are places where the sick poor receive treatment. No rich company can claim the labour of a medical man without adequate remuneration, and no resident medical officer may accept from an insurance company a fee for work done in a charitable institution.

THE REGISTRATION OF OPTICIANS.

A deputation of delegates of the Institute of Ophthalmic Opticians of Queensland waited on the Home Secretary, the Honourable D. Bowman, on July 24, 1915, for the purpose of impressing on him the necessity of introducing legislation to provide for the registration of opticians. The deputation consisted of Mr. Sydney B. J. Sketchley, the president of the Institute, Mr. H. G. McPhail, M.L.A., Mr. L. Young, Mr. A. Luke, Mr. J. W. Case, Mr. G. Hooper, Mr. J. F. Costin, Mr. A. J. Brown, Mr. J. East, and Major J. R. Sankey. The president told the usual story recited in favour of the registration of opticians. In the first place, he called attention to the fact that a Bill had been promised to the opticians long ago, that some opposition had been raised to the suggestion, that this opposition stood self-condemned and that it had since died down. It was claimed that a Bill was necessary for the protection of the public and in the interests of the opticians. The Bill had

been introduced, but had failed to secure a passage through the legislative chambers. The speaker claimed that the opticians had as much right to protective legislation as doctors and dentists, but that this had been denied them. Another speaker pointed out that a Bill almost identical to the Queensland Bill had been introduced into the Tasmanian Parliament and had become law. Mr. Bowman was somewhat guarded in his reply. He promised to bring the matter to the notice of his colleagues, and to give it favourable consideration. On the other hand, he could not guarantee that a Bill would be introduced during the current session.

In an annotation published on August 15, 1914, we ventured to suggest to the Institute of Ophthalmic Opticians that before any steps were taken to introduce a Bill into Parliament, it would be wise to confer with the Queensland Branch of the British Medical Association, with the view to determine what was in the best interests of the public. This course has not been adopted. Under these circumstances, it is necessary to emphasize a few points in this connexion from the point of view of the public.

Opticians and spectacle-makers have a very important function to perform in providing accurately-made glasses for persons with defective vision. But the public must learn that the mechanician is not the person to trust for the determination of defects of so valuable an organ as the eye. It is a common experience of ophthalmic surgeons that patients with conditions like glaucoma foolishly apply to the spectacle-maker for glasses for failing vision and get glasses which are not only unsuitable, but which, for the time, are harmful, because the proper treatment is not instituted. If this can occur in regard to a comparatively frequent disease, how much more certainly will it occur in ocular conditions which are rarer and more difficult to diagnose? Again, a person who has learned his trade in the making of lenses but who has not studied physiology and medicine, cannot possibly recognize when an ocular defect or change is a symptom of a general disease. Patients are often quite unaware of a renal trouble or some cardiac affection when they apply to the optician because the salient symptom is deficient vision. Why should a person who is suffering from a serious heart or kidney disease go for help to a man who makes his living by selling spectacles? The president of the Institute of Ophthalmic Opticians of Queensland may rest assured that the opposition to the registration of opticians is not dead and that any Bill legalising the ophthalmic practice of opticians must be opposed as vigorously as possible.

THE FAIRFIELD HOSPITAL FOR INFECTIOUS DISEASES.

The Board of Management of the Hospital for Infectious Diseases in Melbourne has expressed its indignation at the action of the Minister for Health in reducing the estimates for maintenance by £1,800. This matter was the subject of discussion at a meeting which was held on July 28, 1915. Dr. Amess expressed his views without fear or favour and did not hesitate in charging the Minister with curtailing the food supply to the little patients. A reso-

lution was passed by an unanimous vote to the effect that the Minister be requested to return the amended estimates, in order that the reductions proposed might be considered by the Board, and further, the original estimates be insisted on until the amended estimates are returned. The Minister had published in the daily press an indignant denial of the charges. He denies that he is starving the children and stigmatizes the suggestion as scandalous and atrocious. Compliments have been flying. In a letter published in the daily press, Dr. Amess has informed the Minister that the same epithets were applied to his conduct in regard to his method of treatment of the Board.

The whole matter appears to turn on the value of the advice on which the Minister is acting. He claims that this advice has been offered by two experts, perhaps the best qualified in Victoria. On the other hand, Dr. Amess points out that it is doubtful whether these experts have been within the hospital "for several years, if ever."

The proposals of the Minister for Health include a reduction of expenditure on meat, butter, milk, potatoes, bread and vegetables. He claims that the amounts estimated for these items are excessive. The mere statement that one item is "extravagant," that another is "excessive" and a third "liberal" does not assist us in arriving at an opinion of the state of affairs. Experience shows that State controlled hospitals are frequently managed on less liberal lines than voluntary hospitals, and that from a medical point of view an ample diet is a valuable therapeutic asset. We understand that the estimate as amended by the Minister has been submitted to the President of the Victorian Branch of the British Medical Association, of which Dr. Amess is a member. It will be an easy matter to decide whether the Minister or Dr. Amess is justified in paying left-handed compliments.

A VOLUNTEER SISTERHOOD IN NEW ZEALAND.

Some criticism and not a little misunderstanding has followed in the wake of a movement, which if carried out in accordance with its avowed principles, should be of considerable utility. It appears that a band of women under the guidance of Miss E. A. Rout, has combined for the purpose of assisting in various ways during the present time of trial and stress. The ladies who have joined Miss Rout are prepared to perform any service which an intelligent and resourceful woman is capable of. They are prepared to undertake kitchen or even scullery service for the soldiers, to act as orderlies in the camps and to perform the thousand and one tasks which are usually allotted to soldiers but which are not essentially military in nature. The idea that these ladies were attempting to thrust untrained and unskilled nursing on wounded and sick soldiers is without foundation. The movement recognizes that nursing must be carried out by those who have become proficient after years of training. But the handy woman is certainly proficient in many things which must be carried out in camps and these ladies are willing, nay anxious, to lend their aid to the Empire by performing small duties cheerfully and well.

Abstracts from Current Medical Literature.

PATHOLOGY.

(53) Wassermann Reaction in Malaria, Kala-Azar and Leprosy.

W. D. Sutherland and G. C. Mitra (*Indian Journ. Med. Research*, April, 1915) have tested the serum from 50 cases of malaria in which malarial parasites were present in the peripheral blood at the time the blood was taken for a Wassermann reaction. They obtained nine positive results. Of their nine positive cases, at least three were probably syphilitic. They thus record a percentage of 12 for their positive results. These figures were obtained for acute cases. Chronic cases do not affect the Wassermann reaction at all. If a case is left for a week after parasites have disappeared from the patient's blood, the test can be satisfactorily applied. They examined the blood of 38 cases of kala-azar, of which 10 gave a positive and 28 a negative result. Of the 10 cases, only two gave a more than slightly positive reaction. They have also examined the serum from 34 cases of undoubted leprosy. Fourteen were of the anæsthetic form, of which four gave a positive and ten a negative Wassermann reaction. Of the remaining 20 cases, seven gave a positive reaction. Thus one-third of their cases of leprosy yielded positive results with the Wassermann test.

(54) The House Fly and the Stable Fly.

Bishopp, Dove, and Parman (*Journ. Economic Entomology*, Vol. 8, February, 1915) have carried out a number of useful investigations into the economic importance of the house fly. They find in cage experiments that its longevity is greatly reduced where food is not given, the usual period of life being from two to three days when no food or water was supplied; while with food it ranged from a very few days up to fifty-three. During summer the usual longevity of flies in cages was from two to four weeks. Griffith, in England, kept a fly alive for sixteen weeks, while Hewitt has kept them alive for seven weeks in summer time. Horse manure is a very favourable breeding medium for the house fly. In Texas they have been found to breed freely in the manure of the chicken, hog, goat, and to a large extent in pure cow manure, provided other more attractive media are not present. Decaying vegetable matter and kitchen refuse also form important sources for fly breeding. The paunch contents of animals were found to furnish favourable breeding places for house flies after the bodies of the animals had been consumed by scavengers. Straw during the first year after thrashing, although in a high state of fermentation, is not favourable for house fly breeding, notwithstanding that myriads of stable flies may breed in it. Well-decayed straw stacks or the remains of

stacks after being burned should be considered in fighting the house fly in rural communities. Ensilage scattered about silos or in troughs has been found very favourable for house fly breeding, and fermenting cottonseed hulls mixed with bran, etc., in the bottom of feed boxes or troughs have been found to produce flies readily.

Gordon Hewitt (*Trans. Royal Society of Canada*, Vol. 8, 1914) records some observations on the habits of the stable fly, *Stomoxys calcitrans*, which has been suggested as the possible transmitter of several human diseases, especially anterior poliomyelitis. Both sexes feed readily. The fly usually inserts the proboscis where it alights, and does not waste time selecting a favourable place. Under natural conditions no indication of their approach to the individual is given, and no notice would be taken of their presence, except for the pain occasioned by the act of feeding, which may be slight. The length of time occupied in feeding varies considerably; undisturbed flies may feed on the back of the hand for from two to twenty-five minutes. As a rule *Stomoxys* will not feed a second time within twenty-four hours of feeding, if the first meal has been a complete one.

(55) A Cholera "Carrier."

E. D. W. Greig records the detection of a "carrier" employed in collecting samples of water for bacteriological examination in Calcutta (*Indian Journ. Med. Research*, April, 1915). Greig received from the health authorities peptone water cultures made from a 100 c.cm. sample of water from a reservoir containing filtered drinking water for Calcutta. Vibrios had been noted on microscopical examination. He isolated the true cholera vibrio and a cholera-like organism. In considering how the comma bacillus gained access to the water, he noted the absence of epidemic cholera in Calcutta, the discovery of the vibriones in one sample of water and that a filtered sample, and the absence of the vibrios from other samples. He held the opinion that the samples might have been contaminated by the person collecting the water. He therefore examined the Hindu employed for this purpose, and found that he harboured the cholera vibrio and the cholera-like organism in the stools, and that the cholera-like vibrio could be isolated from his hands. The man gave a history of having suffered while a boy from a disease resembling cholera. The man was given other employment. Since then the cholera vibrio has not been detected in water from the reservoir.

(56) Necrosis of the Liver Induced by Chloroform.

Quinan (*Journ. of Med. Research*, March, 1915) has shown that lipolytic ferments splitting esters are contained in the liver, kidneys and muscles of the normal guinea-pig. The concentration of the enzyme per gram of tissue is characteristic of and constant for each organ. Chloroform inhibits the

lipolytic action of these tissues in vitro. Healthy, well-fed guinea-pigs have received injections of mixtures of chloroform and paraffin. A central necrosis of the liver is induced. After prolonged intoxication, the loss of lipolytic enzyme may amount to thirty-eight per cent. The disappearance of the ferment precedes the morphological change that is known as necrosis. The autolytic activity of the liver cells is not affected. The investigator suggests that chloroform disturbs the balance of lipase in the tissues, since there is a considerable loss in the lipolytic activity of the liver substance, and a corresponding loss of activity in the kidney and muscles at the same time.

(57) Appendicitis Caused by Calculus of Bismuth Carbonate.

E. Barral (*C. R. Soc. Biol., Paris*, March, 1915) records his personal experience of appendicitis. In March, 1913, he had a severe hæmorrhage from a duodenal ulcer. The ulcer was treated with large doses of carbonate of bismuth and lactate of calcium. Six months after the hæmorrhage he had an acute attack of appendicitis. Barral removed the appendix, which had become gangrenous, and had perforated over a slate-coloured calculus. Two months later Barral subjected the calculus to chemical examination. It contained 70% of its weight of carbonate of bismuth. No similar case has been recorded in the literature, but the author points out that appendical calculi, though frequently discovered, are rarely subjected to chemical examination.

(58) Preparation of Purified Vaccine Lymph.

E. S. Harde (*C. R. Soc. Biol., Paris*, March, 1915) points out that the sterilization of lymph with chloroform or ether diminishes the activity of the lymph. She prepares a glycerinated and carbolyzed lymph from the calf. This lymph is placed in collodion sacs, and subjected to dialysis against distilled water or physiological salt solution. The number of organisms diminishes greatly during this process. After forty-eight hours' dialysis the contents of the sacs are poured on gelatine plates, and the plates are incubated at body heat. The colonies of organisms grow. The material on the jelly between the colonies is used for vaccination. Vaccinal lymph remains active after seven weeks in the incubator at body heat.

PÆDIATRICS.

(59) Meningitis.

Du Bois and Neal (*Amer. Journ. of Children's Diseases*, January, 1915) give a detailed account of four years' experience of meningitis in New York. The conditions met with included (a) epidemic or meningococcic meningitis, (b) other purulent meningitides due usually to the streptococci or pneumococci, and less often to *streptococcus mucosus capsulatus*, and influenza bacillus; (c) tuberculous meningitis; (d) polio-

myelitis; (c) meningism. A correct diagnosis usually depended on lumbar puncture, with examination of the fluid, the history and the physical signs. Smears and cultures were made from the fluids, and clear fluids were injected into guinea-pigs. Chemical tests were made for albumin, globulin and reduction with Fehling's solution. Noguchi's test for globulin was considered the most important, as it was present in all true meningeal inflammations, but was negative in the transudations of meningism. Reduction with Fehling's solution, if negative, was useful as a diagnosis guide between tuberculous meningitis and poliomyelitis, but if positive was of no importance. This history was of especial importance in the purulent meningitides, as in the case of meningitis following ear disease, fracture of the skull, etc. In differentiating between poliomyelitis and tuberculous meningitis, the chemical and microscopical pictures were so frequently identical as to be useless. The history was the only means of distinguishing between the two diseases; the onset, temperature, condition of pulse and respiration, extent of rigidity of neck, depth of coma, presence of permanent palsies, all being of definite value. With tuberculous and epidemic meningitides, the onset, temperature, mental condition, presence of vomiting, and neck rigidity were relied on for diagnosis. The most important physical signs were the presence or absence of MacEwen's sign (change in percussion note over the lateral ventricles, with increased fluid), or in infants a bulging fontanelle, condition of the eyes, mental condition, the presence or absence of Kernig's and Brudzinski's signs (the latter consisting in flexion and eversion of arms and legs on attempting to flex the head on the chest); regularity in rate and depth of respiration and rate and volume of the pulse; the temperature and presence or absence of an eruption. Treatment resolves itself into prophylaxis, and specific and general treatment. Prophylaxis consisted in quarantining patients ill with the disease and carriers. For the latter it was found useful to swab the nose and throat with argyrol (20%), and to spray with anti-meningococcic serum, and to inject vaccines subcutaneously. The specific treatment consisted in the intra-spinal injection of the specific serum, warmed and injected slowly after the removal of a larger quantity of cerebro-spinal fluid. This was done at once on the withdrawal of turbid fluid by lumbar puncture, without waiting for a definite diagnosis. Injections of 20-40 c.cm. were repeated in 12 hours, and then daily for 4-6 doses. With definite diagnosis the specific serum was employed also where the pneumococcus and streptococcus, and influenzal organism were present. Severe shock and collapse after injection were not uncommon. Urotropin was to be recommended in all acute meningeal infections. For general treatment sedatives were often necessary, and especial attention to the

bowels and bladder. Pneumonia was a frequent complication, and to guard against this the patients had to be carefully protected from draughts. A high caloric diet was indicated.

(60) Cutaneous Regional Variation in von Pirquet's Reaction.

Colliver (*Arch. of Pediatrics*, February, 1915) tested 50 obscure cases previously showing a von Pirquet reaction, in order to determine if any part of the skin of the body was more susceptible to the tuberculin reaction than another. Note was taken of (1) the traumatic reaction, (2) the part of the body where reaction appeared first, (3) the part giving the strongest reaction, (4) delayed intensity of reaction. The traumatic reaction when present usually lasted from two to ten hours, and even at times ran into the genuine reaction. It was absent in 25% of all inoculations, and was most marked apparently over soft and vascular areas. The "positive reaction" appeared in 98% before 48 hours, and in 90% before 29 hours, and was slowest on the knee. The "largeness and intensity of reaction" usually coincided with the "retarded reaction." It was usually longest delayed in the foot, 70% appearing after 48 hours, whereas 65% of all the others appeared between 36 and 48 hours. The largest reactions were usually accompanied by radiating lines of reddened lymphatics. Other phenomena observed were that the reaction was generally more intense in the infections just started, or where there was lately an exacerbation. It was absent in chronic or emaciated tubercular children, and often in miliary tuberculosis with tubercular meningitis. In diabetes the reaction, when positive, was usually more intense, of a different character, and often followed by necrosis. In measles it was absent during the first week, and appeared in a manner similar to the disappearing rash. There was no good reason for making the test elsewhere than on the forearm.

(61) Bismuth-Screen Examination in Infants.

In order to furnish a simple means of gauging the size of the pylorus in the newborn and older infants, and of judging whether the sphincter was patent or not, Hess (*Amer. Journ. Dis. Children*, June, 1915) employed keratin-coated bismuth pills, having definite circumferences (9, 15, and 21 mm.), corresponding to the size of catheters, which he had previously shown could readily be introduced past the pylorus. X-ray pictures showed that under normal conditions objects did not leave the stomach in direct ratio to their size; that, in fact, larger objects were apt to be propelled into the intestine more quickly than smaller ones. Probably, therefore, insufficiently masticated food remained a shorter time in the stomach than food which had been more thoroughly comminuted, and under these conditions less work would be imposed on the stomach and more on the intestines, with the danger of consequent intestinal indigestion. There

was marked difference in the emptying time of the stomach according to the posture of the infant. The delay in the passage of the pills when the infant lay on the left side, and the hastening of their passage when the infant was placed on its right side were almost constant phenomena. Therefore, with delay in gastric digestion it might prove of advantage to place the infant on the right side. In cases of pylorospasm there was delay in the passage of the pills into the intestine, the degree of delay varying with the degree of obstruction. No differentiation could be made as to the functional or organic nature of the obstruction. In cases characterized by obstruction the pills left the stomach according to their size. In mild cases papaverin was found to be effective in shortening the time of exit of the pills; in severe cases it lessened vomiting, but did not facilitate the passage from the stomach.

(62) Mongolian Idiocy and Syphilis.

Four theories have been proposed to account for the peculiar form of infantilism known as Mongolian idiocy. They are: (1) Mongolism is caused by maternal exhaustion, as the Mongol is usually the last of a large family; (2) Mongolism is caused by pressure on the basal ganglia of the brain, in proof of which it is cited that (a) the antero-posterior diameter of the cranium is shorter than in normal children; (b) the occiput is usually flat. (c) the weight of the medulla relative to the remainder of the brain is less than in normal brains; (3) Mongolism is caused by agenesis of the cortex cerebri, because (a) the cortex is thinner than in normal brains, and (b) the pyramidal cells are fewer in number, and have fewer processes than do those of normal brains; (4) Mongolism is due to parental syphilis. To test the truth of this latter theory, Stevens (*Journ. Amer. Med. Assoc.*, May 15, 1915) examined the spinal fluid of 20 Mongols, using the Wassermann reaction, the cell count of the spinal fluid, the determination of the globulin content, and the gold chloride test. The conclusions drawn were: (1) The Wassermann reaction on the blood serum of Mongolian idiots was positive in 10%. (2) The Wassermann reaction on the spinal fluid was undoubtedly positive in 25% of the cases. The reaction of two fluids was doubtful, and in these two also the gold chloride test showed no typical luetic changes. (3) Pleocytosis was present in 20% of the cases. (4) The globulin content was increased in 90%. (5) The gold chloride test showed colour changes of two or more degrees in 90%. (6) The colour changes of the gold chloride were in the luetic zone. (7) The father of two of the patients was syphilitic. One child, born dead, preceded the two Mongols. The only abnormality in the spinal fluid of these children was a pleocytosis in both and a doubtful gold chloride reaction in one. (8) The globulin content and gold chloride reaction were found to be parallel in each case.

British Medical Association News.

SCIENTIFIC.

A meeting of the Eye and Ear Section of the Victorian Branch was held on June 22, 1915, Dr. S. A. Ewing (President) in the chair.

A discussion took place on the relation between specialists and Friendly Society Lodges.

Dr. S. A. Ewing demonstrated a case of *laryngeal epithelioma*. The patient was aged 49 years. There was a history of hoarseness of three months' duration. Examination revealed ulceration of the right vocal cord and of the anterior fourth of the left vocal cord. The base and the edges of the ulcer were considerably thickened. The infiltration on the right side extended as far as the ventricle. Microscopical examination of a section of the growth was undertaken, and it was found to be *epitheliomatous* in nature. He recommended complete laryngectomy.

Mr. Gault considered that the treatment suggested was a ghastly alternative. Dr. Read advised suspension by Killian's method, and radium treatment.

Mr. Leonard Mitchell spoke of a case of a *pharyngeal tumour*. The patient had been shown at the last meeting. In the interval, the growth had been completely enucleated under cocaine. It was not attached to the jaw, but had split the layers of the palate almost to the middle line. The tonsil had been displaced downwards by the growth. After the removal of the growth the tonsil had regained its normal position. The patient reported that he had not been so comfortable for a year.

MEDICO-POLITICAL.

A meeting of the New South Wales Branch was held on July 30, 1915, at the B.M.A. Building, 30-34 Elizabeth Street, Sydney, Dr. G. Armstrong, the President, in the chair.

Dr. W. F. Litchfield moved on behalf of the Organization and Science Committee:—

"That the following scheme submitted by request of the Director-General of Medical Services be approved."

Medical Attendance Upon Soldiers Enlisted for Active Service After Discharge from Hospital in Country and Other Districts where no Military Hospital is Established.

All soldiers on leaving hospital and proceeding to a district in which no military hospital is established, to be given a card with short particulars of case, and name of medical man where he is going to reside. If more than one medical man in a town, they will be allotted, as far as possible, in rotation to all medical men (subject to a free choice by soldiers).

On production of that card, the medical man will be liable to attend the soldier at soldier's residence or at the doctor's consulting rooms, for a period not to exceed six months, and also to arrange for a supply of medicine and dressings. Provided he shall not be compelled to travel more than two miles from his consulting rooms to make such visits, and also that, should the soldier become seriously ill or require special attendance, he may be returned to military hospital or other hospital as directed. For fresh injury or other new disease the soldier is not entitled to attendance by Department.

Medical men will be liable to supply reports, if required, on the condition of any soldier.

For that service it is proposed to pay the sum of 25s. for six months for each soldier placed in medical man's list, to cover cost of medical attendance and medicine; names, of course, being supplied to medical men when soldier leaves hospital.

He pointed out that the proposals applied only to districts where no military hospitals were established. This meant that the scheme affected the country practitioners. Moreover, the soldiers referred to would be convalescents, and would have been discharged from the military hospitals. The members would have to consider two questions. In the first place they would have to determine whether the amount offered, namely, 25s., was sufficient for looking after the soldiers. He contended that in view of the fact that they would be convalescent, and that if fresh symptoms appeared they would be transferred to hospitals, the payment was reasonable. The second question was whether

any payment should be taken at all. The Council had suggested that the wounded soldiers should be treated for nothing. This idea was engendered by a feeling of patriotism. On the other hand, Dr. Litchfield pointed out that the military authority had refused to accept gratuitous treatment for the soldiers, and he therefore asked the meeting to approve of the proposal made by the Director-General of Medical Services. He thought that it would be necessary to accept or to refuse the scheme in its entirety, and he held that it would be more satisfactory to the soldiers to realize that the doctors looking after them were being paid.

Dr. W. H. Crago seconded the motion, and said that he was at first opposed to the suggestion that a charge should be made for looking after the wounded soldiers. As the meeting was aware, he had attended the conference at Melbourne, as a representative on the Federal Committee. At that conference it was stated very definitely that no gratuitous treatment could be accepted. He recognized that the sum of 25s. was small, but in view of the fact that the Council had recommended that the treatment should be given without charge, he did not think it would be wise to ask for an increased rate.

Dr. Spiller Brandon pointed out that, according to Dr. Litchfield's showing, the scheme would affect only the country practitioners. Those present lived in districts where there was a military hospital. He therefore asked if the views of the country members had been expressed in letters or otherwise.

The Chairman called upon Dr. Todd, the Honorary Secretary, to reply to this question. Dr. Todd stated that the Council had recently sent out a circular form to all the members of the Branch for the purpose of ascertaining what form of service the various practitioners were prepared to undertake. One of the questions was in the following terms:—

"Are you willing to attend convalescent soldiers in your district on terms approved by the New South Wales Branch?"

Up to the present 130 replies had been received. One hundred and seventeen men had answered this question in the affirmative. The majority of them were country practitioners.

Dr. Todd proceeded to read a resolution passed by the City Medical Association, affirming the principle that the treatment should be gratuitous. Dr. Spiller Brandon was a member of this association, and was in a position to corroborate the statement that the meeting at which this resolution was passed was not attended by a large number of men. Dr. Corfe, of Glen Innes, had pointed out that the men living in his immediate neighbourhood had come to the conclusion that the amount offered was either too much or too little. Objection was taken to the proposal of making private practitioners servants of the Defence Department. A man in this position might be bothered by the authorities in respect to reports, and it might be that he would be hauled up to Sydney at an inconvenient time. Dr. Todd informed the meeting that he had had a conversation with Dr. Corfe, and had explained the views of the Director-General of Medical Services. At the conference held at Melbourne, the only counter suggestions put forward were those of the New South Wales Branch. The representatives of the other Branches accepted the official programme in all its details. He was of opinion that the Defence Department might be placed in a position of some embarrassment should the men refuse to accept payment. He had further pointed out that the Government had undertaken to provide the returning soldiers with medical attendance for varying periods, and had now come to the conclusion that these men should receive this attendance for a minimum period of six months. The conditions under which the Defence Department had evolved its scheme had been set forth in Colonel Fetherston's letter (see *The Medical Journal of Australia*, July 17, 1915, p. 56.) It was necessary in addition to take into consideration that a considerable period would have elapsed before the wounded men would come into the hands of the private practitioners. After they had been treated in a Field Hospital, they would be transferred to a base hospital in Egypt. From thence they would be sent on a hospital ship to Australia, and on arrival they would be admitted to a military hospital, and

later on to a convalescent home. It would thus be many months before they would be discharged to their own homes, and placed under the surveillance of the country practitioner. But even at this late date, it would be necessary for the Government to keep an eye on the men until their responsibility had ceased. Dr. Corfe had considered these points, and had subsequently written a letter to Dr. Todd. In this letter the writer had expressed the opinion that he and his colleagues in Glen Innes were prepared to do what they could. The Defence Department should either pay for the work done or allow the men to do it without payment. The Government might pay for the medicines and dressings. Dr. Todd had also received a letter from Dr. Merrick O'Reilly who was in accord with all the details of the scheme, save that referring to the amount of remuneration. The sum of 25s. was insufficient to cover the cost of dressings in cases of suppurating sinuses.

Sir Herbert Maitland prefaced his remarks with the prophecy that not many soldiers would be let loose either in the city or in the country during the period of six months after their return to Australia. The Department recognized that the men would have to be kept under military law and discipline, and for this reason the majority of the men would be kept in a military hospital as long as they were in uniform. The second point which Sir Herbert wished to emphasize was the proposal to pay practitioners 25s. for looking after the men for six months. It was a horrible idea. "All of us," he said, "are ready to attend these men, who have gone to fight for us, without any recompense. Surely it is little enough for us to do this." It had been said that it would place the soldier in a false position to make him receive charity. But he maintained that the payment of 25s. for six months' work was not far short of charity. There was a grave disadvantage for practitioners to receive the 25s. from the Federal Government. This would mean that they placed themselves in the position of being paid servants of the Government. The Council had determined that the work should be given gratuitously, and he saw no reason why this proposal should be dropped. He therefore moved as an amendment:—

That no fee be charged for medical attendance on returned invalided soldiers for a period of six months from their arrival in New South Wales; provided that the attendance is necessary through injury received or illness incurred during military service.

The discussion became highly spirited, and the opinions of a large number of those present were freely expressed. The point at issue was whether the treatment should be gratuitous or whether payment should be received for it. One of the first suggestions made was received with laughter, and a more direct than polite retort from a member. This was that the Friendly Societies should be approached with the request that the soldiers should be granted Lodge treatment during the period under consideration. The second suggestion was put forward by Dr. Guy Pockley. This was that the treatment should be gratuitous, and that the Federal Government should pay for reports. This idea obviously failed to attract the sympathy of many of those present. Dr. Ritchie moved that inasmuch as there was no immediate need of a decision, the country members might be consulted. They were the men who were affected, and he held that they should be given an opportunity of deciding. A difficulty was pointed out in connexion with machinery. It was said by Dr. Todd that it would be almost impossible to arrange full meetings of the local medical associations, and that this means would not elicit the real opinions of the mass of country practitioners. As an alternative a referendum was suggested by Dr. Ritchie, and seconded by Dr. Sandes. Dr. Todd again intervened, and sounded a note of warning. He called attention to all the fallacies of referenda, and to the experience which had been made in circularizing men on any particular question. Replies were received from less than 30% of the members. In addition a referendum was an expensive and clumsy instrument. Dr. Stewart McKay proposed that the sum of 25s. should be deleted, and 1s. be substituted, in order that the public might know that the men, while resisting the idea of payment, sought a means of agreeing to the proposals of the Defence Department. Incidentally it may be pointed out that Dr. Guy Griffiths

raised a point of order in regard to procedure. The Chairman accepted three amendments to the original motion, and eventually put these amendments in the reverse order to that in which they were proposed. According to ordinary Parliamentary rules of procedure, only one amendment can be before the meeting at a time, and if the amendment be carried this becomes a substantive motion, and on this substantive motion a further amendment can be proposed. The Chairman further departed from usual rules of procedure in suggesting that the meeting should decide on the original motion, with the exception of the paragraph in dispute before Sir Herbert Maitland's amendment was put. Objection was raised to this, and the point was not pressed.

In seconding Sir Herbert's amendment, Dr. Binney urged that the Defence Department had placed themselves in the hands of the profession, and could not carry out their obligations without the aid of the doctors. It was therefore within the power of the medical profession to refuse to accept fees. The proposal of the Council had produced a very favourable impression outside, and Dr. Binney felt that if the doctors refused payment they would command the respect of the public.

On the other side, a number of speakers took up the defence of the military authority, and based their support of the original motion on the contention that the most useful form of patriotism was to smooth the way for the Federal authority in its endeavour to carry out its obligations. Dr. Abbott, the Honorary Secretary of the Federal Committee, explained how he had been converted from the proposals of the Council to organize a gratuitous service to the views of the principal medical officers, of the other military surgeons and especially of the Director-General of Medical Services. He regarded the fact that the Defence Department had consulted the British Medical Association in this most serious and important matter as an indication of the recognition by the Federal Government of the right of the Association to speak in the name of the medical profession. Everyone who had attended the conference at Melbourne had agreed to the scheme. Dr. Abbott maintained that all the Branches had accepted it, but on being pressed, he had to admit that while the representatives on the Federal Committee had adopted this attitude, as far as he was aware, the matter had not been discussed at a meeting of any of the Branches. In justifying the claim of the Department to retain a control over the practitioners undertaking the treatment, he suggested that some men might be a little lax in the matter of supplying reports required by the Department. The fact that so few men would require attendance was in his opinion an argument for accepting the Government's terms. In regard to the adequacy of the remuneration, he pointed out that the 25s. would be paid whether the men required treatment or not.

Dr. Hoets delivered an excellent short speech in defence of the Federal Government, but failed to enlist the sympathy of the audience. Dr. Chenhall considered that the profession owed a debt of gratitude to their representatives on the Federal Committee, and he allotted unstinted praise to the Department of Defence. He appealed to his colleagues not to be narrow-minded, but to carry out the work required of them in the way those who had given this matter consideration concluded would be most effective. He did not think it mattered whether the payment was made or not. The profession should be ready to help the Commonwealth.

The majority of the speakers reiterated the arguments used by previous speakers and only a few attempted to introduce fresh aspects into the discussion. Some amusement was created when Dr. Chapman asked the Chairman whether he could inform the members whether the 25s. would be paid out of funds subscribed by the charitable public or whether it would be found by the Government. Dr. George Armstrong said that he could not answer this question, but Dr. Todd exclaimed that he had a very strong suspicion that the money would not come out of consolidated funds.

Dr. Ritchie's amendment that a referendum be taken was put to the meeting and declared lost. Then Dr. McKay's amendment that the sum of 25s. be altered to 1s. was taken and lost. In the third place, Sir Herbert Mait-

land's amendment, amended with the consent of his seconder as follows, was put to the meeting:—

That the scheme, submitted by request of the Director General of Medical Services, amended to read as follows, be approved:—

Medical attendance upon soldiers enlisted for Active Service after discharge from Hospital in Country and other districts where no Military Hospital is established.

All soldiers on leaving hospital and proceeding to a district in which no military hospital is established, to be given a card with short particulars of case, and name of medical man where he is going to reside. If more than one medical man in a town, they will be allotted, as far as possible, in rotation to all medical men (subject to a free choice by soldiers.)

On production of that card, the medical man will be liable to attend the soldier at soldier's residence or at the doctor's consulting rooms, for a period not to exceed six months. Provided he shall not be compelled to travel more than two miles from his consulting rooms to make such visits, and also that should the soldier become seriously ill or require special attendance, he may be returned to military hospital or other hospital as directed. For fresh injury or other new disease the soldier is not entitled to attendance by the Department.

Medical men will be liable to supply reports, if required, on the condition of any soldier.

For this service no fee shall be payable to the medical man; provided that the attendance is necessary through injury received or illness incurred during military service.

The "noes" cries a little louder than their numerical strength suggested, and it was therefore necessary to take a vote on a show of hands. The "ayes" totalled 31 to 12 "noes." The amended motion was put to the meeting as a substantive motion and carried without discussion.

On the motion of Sir Herbert Maitland, seconded by Dr. Fourness Barrington, four alien members of the branch were expelled from the Association.

A special meeting of the Western Australian Branch was held at the Perth Public Hospital on July 12, 1915.

The Honorary Secretary, Dr. Charles W. T. Woods, announced that Dr. J. K. Couch, of Perth, had undertaken to act as representative of the Western Australian Branch, at the Conference held at Melbourne on June 25, 1915. There had not been time to call a special meeting of the Branch, and the Vice-President, Dr. Teague, had therefore sanctioned the appointment. On the motion of Dr. Officer, the action of the Vice-President was approved.

Dr. Couch thereupon gave an account of the proceedings of the conference at Melbourne, and of the meeting of the Federal Committee. He read the letter which the Director-General of Medical Services had addressed to the Branch Secretaries, in which the proposals of the Defence Department were set forth (see *The Medical Journal of Australia*, July 17, 1915, p. 56). The offer was explained to the meeting as hinging on the payment of 25s. for treatment, medicines and dressings for each soldier after discharge from the military hospital. He therefore moved that the proposal of the Defence Department be accepted by the Western Australian Branch. Dr. N. B. Watch seconded the motion.

A prolonged discussion followed. In the course of the speeches it became evident that considerable objection was taken to the suggestion that the practitioners should provide medicines and dressings.

Some doubt was expressed as to the probable cost of drugs and dressings. It was suggested that if a country practitioner had a single soldier with a suppurating sinus or discharging wound to look after the cost for material might be considerable. Dr. Hadley thought that the Red Cross Society would be willing to defray excessive

expenditure for this purpose. The members, however, were unwilling to accept assistance of this kind.

Dr. H. T. Kelsall moved, and Dr. D. P. Clement seconded the following amendment:—

That the opinion of this meeting is that as long as the Defence Department will supply dressings and drugs, members of the medical profession are agreeable to accept any terms for attendance on the sick and wounded, gratuitous or otherwise.

The amendment was carried.

The report, as amended, was then put to the meeting on the motion of Dr. Couch, and carried.

Dr. Couch then read a circular which had been submitted by the Victorian Branch at the meeting of the Federal Committee, and which had been adopted at that meeting with certain emendations. This circular consisted of questions to be used for the purpose of ascertaining from the members what form of military or home duty they would be prepared to undertake. (See *The Medical Journal of Australia*, July 3, 1915, p. 22). He reported that the Federal Committee had recommended each Branch to send this circular to each medical practitioner in the State. On the motion of Dr. Ramsay, the recommendation was adopted.

Dr. S. H. Montgomery proposed, and Dr. F. A. Hadley seconded the following motion, which was carried:—

That it be a recommendation from this meeting of the Western Australian Branch of the British Medical Association that more power be given to the Principal Medical Officer in the State, or that a Medical Board be appointed to aid him in the organization of medical appointments to the military forces, or any other matters which may arise in the medical department to expedite the work.

Moved by Dr. Paton, seconded by Dr. Couch, and carried:

That the Council of the Western Australian Branch of the British Medical Association retain the file containing the names of those volunteering for whole or part-time service within the State and undertake to supply from it medical men for duty at the request of the Principal Medical Officer, as far as possible.

A meeting of the Bendigo Division of the Victorian Branch was held at the Bendigo Hospital, July 19, 1915, Dr. T. Campbell-Ker (the Vice-President) in the chair.

The meeting considered the best methods for carrying on the practice of members undertaking temporary duties during the war. The following scheme was adopted:—

Scheme to Enable Medical Practitioners to Undertake Duty in the Commonwealth Service during the War.

- (1) Each practitioner shall undertake duty for four weeks.
- (2) Not more than one practitioner shall be away at any given time.
- (3) No remuneration shall be claimed save for (a) major surgical operations, (b) attendance at midwifery cases (c) post-mortem examinations, (d) calls to places outside a radius of five miles from the practitioner's house, and (e) calls to private patients between the hours of 9 p.m. and 6 a.m. The fees for the foregoing shall be divided in equal parts between the practitioner undertaking the work and the practitioner on duty.
- (4) A patient desiring to change his usual medical attendant for the practitioner called in during the former's absence must not be accepted by the latter until at least 12 months shall have elapsed since the date of his first visit.
- (5) All records shall be carefully kept.
- (6) (a) Every lodge patient or patient contracting for medical attendance shall be given a card by the doctor on leave. This card must be presented to the deputy. The medical practitioners in the district shall act as deputies for their absent colleagues in rotation.
(b) Private patients shall have the right to choose a practitioner to attend them during the absence

of their usual attendant. They shall also receive a card.

- (7) When a new patient presents himself to a practitioner the latter shall ask the name of his usual medical attendant. When the usual medical attendant is away on duty the patient shall be considered to be the patient of the absentee.
- (8) All fees due to a practitioner for work done as a deputy shall be paid to him as soon as the money has been collected.
- (9) The deputy shall, whenever possible, collect fees from patients, and shall hand the money over to the practitioner for whom he is acting immediately on his return.
- (10) In the event of any difficulty or dispute arising, the matter shall be referred to the Sub-Committee. Should the Sub-Committee fail to effect a satisfactory arrangement the matter shall be referred to the Sub-Committee of the Branch, whose decision shall be final.

The following has been elected a member of the Queensland Branch:—

Dr. Patrick James Kelly, Auchenflower, Brisbane.

We are requested to state that, in the list of members of the Affiliated Associations of Members of the New South Wales Branch (B.M.A.), corrected to June 30, 1915, recently issued, the following names should have been included namely:—

Dr. Chisholm Ross (Northern Suburbs Medical Association).

Dr. G. Moncrieff Barron (Northern Suburbs Medical Association).

Dr. I. J. Silbermann (Border Medical Association).

VICTORIAN RED CROSS FUND.

Her Excellency Lady Stanley has issued an appeal in her capacity of President of the Victorian Division of the Australian Red Cross Society to the people of Victoria for subscriptions in aid of Australia's sick and wounded soldiers. The sympathies of the medical profession in Victoria have been enlisted, and the President of the Victorian Division of the British Medical Association and President of the Melbourne Medical Association have been elected members of the committee. Circulars have been addressed to all the members of the medical profession in Victoria, and we have been asked to acknowledge the receipts of the subscriptions from the medical contributors.

The following is the first list:—

	£	s.	d.
Dr. L. Alexander	3	0	0
" A. V. M. Anderson .. .	10	10	0
" W. Boake .. .	10	10	0
" J. L. Blackie .. .	3	3	0
" H. S. Bell .. .	1	1	0
" and Mrs. Crowley .. .	15	15	0
" Crivelli .. .	5	5	0
" B. S. Cowan .. .	5	0	0
" S. Connor .. .	1	1	6
" and Mrs. Drake .. .	25	0	0
" A. Davenport .. .	10	10	0
" H. B. Devine .. .	6	6	0
" Davis (Violettown) .. .	2	2	6
" E. H. Embley .. .	5	5	0
" Ester .. .	2	2	0
" and Mrs. Stewart Ferguson .. .	10	10	0
" and Mrs. Fetherstonhaugh .. .	5	0	0
" Friedman .. .	20	0	0
" E. H. Fyffe .. .	10	10	0
" Gamble .. .	4	4	0
" Norman E. Gibbs .. .	2	2	0
" and Mrs. Hoystead .. .	15	0	0
" A. Honman .. .	10	10	0
" and Mrs. Howard .. .	3	3	0
" Harbison .. .	20	0	0
" Dunbar Hooper .. .	10	10	0
" E. Jones .. .	5	5	0

	£	s.	d.
Carried forward .. .	223	5	0
" Kidd .. .	10	0	0
" and Mrs. Lawrence .. .	50	0	0
" and Mrs. A. C. Lloyd .. .	10	10	0
" F. H. Masters .. .	50	0	0
" R. H. Morrison .. .	10	10	0
" A. Mackey .. .	25	0	0
" and Mrs. F. W. Morton .. .	25	0	0
" Felix Meyer .. .	10	10	0
" and Mrs. Adam .. .	10	10	0
" McCleery .. .	2	2	0
" R. Hamilton Russell .. .	25	0	0
" and Mrs. G. N. Syme .. .	20	0	0
" Harvey Sutton .. .	2	2	0
" and Mrs. C. Smith .. .	5	5	0
" Clara Stone .. .	5	5	0
" Summons .. .	5	0	0
" S. V. Sewell .. .	5	5	0
" Stirling .. .	50	0	0
" C. Thomas .. .	2	2	0
" Tipping .. .	3	0	6
" A. E. Taylor .. .	1	1	0
" Percy Webster .. .	50	0	0
" Jeffrey Wood .. .	25	0	0
" Hines Wolfenden .. .	5	5	0
" U. S. Young .. .	2	2	0
Total .. .	£633	14	6

Public Health.

INFECTIVE DISEASES IN QUEENSLAND.

The following notifications have been received by the Department of Public Health, Queensland, during the week ending July 24, 1915:—

Diseases.	No. of Cases Reported.
Diphtheria .. .	35
Enteric Fever .. .	6
Varicella .. .	25
Pulmonary Tuberculosis .. .	5
Scarlatina .. .	3
Anterior Poliomyelitis .. .	2
Puerperal Fever .. .	1
Erysipelas .. .	1
Total .. .	78

INFECTIVE DISEASES IN WESTERN AUSTRALIA.

The following notifications have been received by the Department of Public Health, Western Australia, during the fortnight ended July 10, 1915:—

	Enteric Fever.	Diphtheria.	Scarlatina.	Pulmonary Tuberculosis.	Erysipelas.
Fremantle .. .	—	—	1	—	—
Fremantle E. .. .	—	—	—	—	1
Claremont .. .	—	—	—	—	—
Road Dis. .. .	—	2	—	—	—
Subiaco .. .	—	4	—	2	—
Perth .. .	1	12	—	4	2
Maylands .. .	—	3	—	—	—
Guildford .. .	—	1	—	—	—
Belmont .. .	—	2	—	—	—
Victoria Park .. .	1	—	—	—	—
Kalgoorlie .. .	—	11	—	—	—
Boulder .. .	—	—	—	1	—
Coolgardie .. .	—	1	—	—	—
Mundigong .. .	—	—	—	1	—
Geraldton .. .	—	—	1	—	1
Kununalling .. .	—	5	—	—	—
Greenbushes .. .	—	—	1	—	—
Kamballie .. .	1	—	—	—	—
Midland Jtn. .. .	—	1	—	—	—
Trans. Cont. Rail. (Traffic Office) .. .	—	1	—	—	—
Woolgar .. .	—	4	—	—	—
Port Hedland .. .	—	1	—	—	—
Mundaring Wr. .. .	—	1	—	—	—

SMALL-POX IN NEW SOUTH WALES.

The following cases of small-pox have been reported to the Department of Public Health, New South Wales, during the week ending August 1, 1915:—

Newcastle and surrounding districts . . 7 cases.

HEALTH OF BROKEN HILL.

The Medical Officer of Health for Broken Hill (Dr. J. F. Bartley) has issued his report for the quarter ending June 30, 1915. The following are the principle matters contained in the report.

The population of the district is estimated at 30,000. During the quarter under review, there were 296 births, 163 of males and 133 of females. This is equivalent to an annual birth-rate of 39.46 per thousand of population. The birth-rate is approximately the same as that of the corresponding quarter of 1914.

There were 110 deaths registered in the district during the quarter. Of these, 60 affected males and 50 females. The death-rate, expressed as an annual death-rate, works out at 14.66 per thousand of population. The equivalent rate in the second quarter of 1914 was 18.23. The number of infants under one year of age dying during the quarter was 21. In the corresponding quarter of last year, there were 43 deaths of infants. The infantile death-rate was therefore 70.94 per 1,000 births during the quarter under consideration, and 123.56 during the second quarter of 1914.

The following is a record of the notifications of infective diseases received by the Medical Officer of Health during the quarter: Enteric fever, 41 cases; diphtheria, 163 cases; scarlatina, 21 cases. In the second quarter of 1914 the figures for the three diseases were 181, 183, and 21 respectively, while the averages for the corresponding quarter of the preceding three years were: Enteric fever, 104; diphtheria, 136; and scarlatina, 9.

In regard to the causes of death, Dr. Bartley gives very little information. He informs us that there were two deaths from enteric fever, as compared with 24 in the corresponding quarter of 1914, 5 from diphtheria, as compared with seven, and none from scarlatina. Gastro-intestinal diseases killed eight infants, prematurity five, and congenital conditions five infants. In the same quarter of 1914 gastro-intestinal diseases killed 27 infants.

The following table is included in the report and is reproduced in this place without comment, inasmuch as the data do not warrant any criticism. The figures in brackets indicate the number of deaths in the corresponding quarter of 1914: Cardiac diseases, 13 (8) deaths; gastro-intestinal affections, 9 (11) deaths; nephritis, 10 (9) deaths; cancer, 6 deaths; pulmonary tuberculosis, 5 (6) deaths; pneumonia, 5 (9) deaths; accidents, nil (8) deaths; senility 6 (6) deaths.

Dr. Bartley calls attention to the marked improvement in the hygienic conditions, as reflected by the number of infective cases notified and the number of deaths both from infective and other diseases.

The following notice appeared in the "Commonwealth Gazette" of July 24, 1915:—

PROHIBITION OF IMPORTATION OF ELECTRIC OR MAGNETIC BELTS.

Proclamation.

By His Excellency the Right Honourable Sir Ronald Craufurd Munro Ferguson, a member of His Majesty's Most Honourable Privy Council, Knight Grand Cross of the Most Distinguished Order of Saint Michael and Saint George, Governor-General and Commander-in-Chief of the Commonwealth of Australia.

WHEREAS by the Customs Act 1901-1914, it is enacted that all goods, the importation of which may be prohibited by Proclamation, are prohibited imports;

AND WHEREAS it is desirable in the interests of the public health and welfare to prohibit the importation into the Commonwealth of electric or magnetic belts or any

belt which is alleged or intended to produce a therapeutic effect by electric or magnetic influences;

NOW, THEREFORE, I, Sir Ronald Craufurd Munro Ferguson, the Governor-General aforesaid, acting with the advice of the Federal Executive Council, do hereby prohibit the importation into the Commonwealth of Australia of electric or magnetic belts, or any belt which is alleged or intended to produce a therapeutic effect by electric or magnetic influences.

PRISONS IN SOUTH AUSTRALIA.

The Sheriff and Comptroller of Prisons of South Australia has issued his report for the year 1914. The report covers 34 pages, and contains a large amount of interesting material both in narrative and tabular form.

During the year 2,313 persons were committed to gaols and prisons for various offences. This number is 181 less than the number of persons committed in 1913. Drunkenness was the charge in 1,033 cases, offences of a public nature in 625, larceny in 229, offences against the person in 59, offences against property in 38, forgery in 14, and offences relating to coin in 5. In 310 the cause of detention is not specifically stated. Three males were admitted 8 times into prison during the year, 5 males and 1 female were admitted 7 times, 5 males and 1 female 6 times, and 4 males 5 times. The Sheriff urges the introduction of legislation such as that which exists in England and in New South Wales enacting that prisoners may be allowed to shorten their time of detention in suitable cases by paying a proportional part of the fine imposed.

Some indication is given of the type of individual dealt with. Of the 1,979 males sent to gaol 77 could not read and 1 could read but could not write. A still larger proportion of illiteracy existed among the females; 13 out of 334 could not read, and 4 could read but not write. Although the number of convictions was lower in 1914 than in 1913, the number of individuals was actually 246 greater. There were 213 males and 11 females who had one previous conviction recorded against them. In the case of no less than 926 males and 237 females one or more previous convictions were on record. On the other hand, the conduct of the prisoners is said to have been good, only 26 punishments being inflicted during the year for breaches of the regulations.

A table is set up showing the proportion of prisoners to the general population. This proportion cannot be regarded as an index of criminality, although it undoubtedly gives a general idea of the increase or diminution of crime. In 1914 1 person in every 1,243 was sent to gaol. In 1908 and 1911 the proportion was less than 1 in 1,800. The total expenditure for the maintenance of gaols and prisons and inebriate homes was slightly higher than that of the preceding year; after deducting the cash earnings of the prisoners, the total cost was found to be £16,994 9s. 1d. The average cost per prisoner was £56 5s. 5d., which is £1 10s. 8½d. more than the cost in 1913. Some 1,700 books were lent by the Adelaide Circulating Library to the Inebriate Institution at Adelaide, the Gladstone Gaol, the Yatala Labour Prison, and the Adelaide Gaol.

The first prisoner to be dealt with under the Habitual Criminals Amendment Act, 1907, was received in 1909. Since that date 16 persons have been declared habitual criminals. During the year only one addition was made, while another prisoner entered the indeterminate stage of his sentence. Three habitual criminals were discharged during the year. One of these, who was suffering from *diabetes mellitus*, was discharged after having been transferred to the Adelaide Hospital. He is now leading an honest life. This prisoner had been in bad health for some time prior to his release, and had earned only £4 17s. 3d. Of this amount he spent 5d. in indulgences. On the other hand, a prisoner who was discharged in June, earned £29 0s. 2d., and spent £6 16s. 4d. in indulgences. He received the balance on his discharge, and spent the greater part of it on drink. The third habitual criminal was discharged on October 27, after earning £18 19s. 1d., of which he spent £6 4s. 7d. on indulgences. He was placed in employment, but returned at once to Adelaide, and on November 9 was sentenced to three months' imprisonment with hard labour for larceny. The conduct and industry of the habitual criminals during their period of detention is stated to have been exemplary, their

health remained good, and it is stated that the prospect of reform was encouraging. Against this, however, it is pointed out that of the 10 who had been released the whereabouts of 7 was unknown, while the other 3 had again been declared habitual criminals.

In regard to the convicted inebriates, the new Act came into operation on July 15, 1914. The regulations provide as follows:—

Facilities are given to ladies and gentlemen to assist in the work of reform. Visitors are required to confine themselves to secular matters, and to conform to the regulations.

The Sheriff has the power to appoint a Board of Advice.

On entering the institution an inmate, after bathing and fulfilling other sanitary requirements, shall be placed in the probationary division. At this stage the medical aspect of the case shall be paramount, and the treatment must be in accordance with the prescription of the Visiting Surgeon. The latter shall determine the diet, amount of exercise, and other details of treatment. This stage shall continue until the Visiting Surgeon certifies that the inmate is fit for treatment in the ordinary division.

There are four grades in the ordinary division, viz., the lower, intermediate, higher and special. The inmate is placed on admission in the intermediate grade. He is eligible to rise by good conduct and industry to the higher grade, and may be transferred to the lower grade for misconduct, idleness or breaches of the regulations. The various grades are kept apart as far as is practicable. Each inmate is provided with a separate compartment where he sleeps, has his meals and keeps his property. No inmate is allowed to share any indulgences or extra diet with any other inmate, or to take any such article outside his compartment.

On entering the ordinary division each inmate shall be employed in an occupation for which he is suited. A system of allotting marks for industry and good conduct has been adopted. Each inmate is qualified to earn 7 marks a week for industry, and 7 for good conduct. The marks are posted up weekly in the inmates' compartments. After earning 180 marks, which can be done in about three months, the inmate is eligible for promotion to the higher grade. For this purpose, however, it is essential that full marks be earned during the three months.

On promotion to the higher grade, an inmate is admitted to full privileges of the grade as long as he continues to earn full marks. After three months in this grade, if full marks are earned, the inmate becomes eligible for the special grade. He is then entitled to earn additional privileges.

An inmate may be reduced for offences against discipline, for idleness, or for any breaches of the regulations to the lower grade for a specified period. At the termination of this period he is required to pass into the intermediate grade. In substitution for, or in addition to, any other punishment a fine may be inflicted, payable from his cash earnings. No marks are given in the lower grade. The inmate receives the No. 2 ration scale while in the lower grade, unless a more restricted diet has been ordered as a punishment. For minor offences punishment may consist of the deprivation of indulgences or of other privileges.

Complaints or other communications may be addressed in writing to the Sheriff.

An inmate, after serving a period of two years, may petition the Minister for his release.

Each inmate, not under medical treatment, shall perform some fixed daily task suited to his capacity and physical condition. He should be placed at the trade or occupation in which he is most proficient, and all work with the exception of punitive tasks, must be of a reformative, productive and educational character. Whenever in special cases the net receipts, after deducting the cost of material, etc., from the products of an inmate's labour cover the cost of maintenance, half of the balance shall be placed to his credit. In ordinary cases, where the actual earnings are insufficient to cover this cost, an allowance may be made to encourage industry and good conduct.

Inmates are placed on No. 2 ration scale on entering the intermediate grade. After earning full marks for one month they become eligible for No. 1 ration scale. No. 2 scale consists of: Bread, 12 ozs.; meat, 8 ozs.; oatmeal, 2 ozs.; with 1 oz. of sugar; potatoes and vegetables, 12 ozs.; or extra bread, 6 ozs.; rice, 2 ozs.; salt, ½ oz.; soap (butter),

1 oz.; sugar, 2 ozs.; tea, ½ oz.; tobacco, ¼ oz. The quantities for females are the same, with the exception of 8 ozs. of potatoes and vegetables, and 1½ ozs. of sugar. No tobacco is allotted to the females. The No. 1 scale differs from No. 2, in that males get 24 ozs. of bread and females 16, males get 16 ozs. of meat and females 12, and males get 16 ozs. of potatoes and vegetables or 8 ozs. of additional bread, and females get 16 ozs. of potatoes and vegetables or 6 ozs. of additional bread. Scale No. 3 consists of 24 ozs. of bread for males, and 16 for females, as well as soap 1 oz. The word soap occurs in each scale. This is unlikely to be a misprint for soup, in that quantity is too small. Inmates in the intermediate grade are allowed religious and instructive books, and may attend lectures. The lights are turned out at 8.30 p.m. After earning full marks for one month inmates are allowed to receive visitors and to write and receive letters. This privilege is permitted at monthly intervals as long as the conduct is good. In the higher grade visits and letter writing are allowed at fortnightly intervals. The lights are not turned out until 9 p.m., and the inmate is allowed to purchase extra articles named in the indulgence list to the value of not exceeding half of the sum credited to the inmate as earnings during the preceding week. Indulgence purchases, however, are not allowed unless the inmate has 10s. or more to his credit. The indulgence list contains the following items:—Butter, cheese, fish, fruits, jams, matches (for males only), milk, pipes (for males only), postage stamps, tobacco (for males only), coffee, cocoa, mustard, pepper and newspapers. The inmates in the higher grade are allowed to decorate their compartments with approved pictures or photographs of relatives.

In the special grade the inmates receive in addition to the foregoing privileges the right to receive visits and to write and receive letters at weekly intervals. They have the use of the day room after the other inmates have retired, and they may associate with one another with liberty to converse and to play at chess, drafts, dominoes or other approved games. They are also allowed superior sleeping accommodation and furniture, and in special cases are permitted to remit a portion of their earnings to relatives of a reputable character, who may be in need of assistance.

The products of the labour of the inmates may be sold, and after deduction of a reasonable amount for maintenance, not less than one half of the balance shall be credited to them.

Fines inflicted by visiting justices shall be deducted from the amount credited to the inmate, and shall debar the offender from purchasing indulgences or extra articles until he has earned the amount so lost.

The Adelaide and Gladstone gaols were declared on February 26, 1914, to be institutions for the reception, care, control and treatment of inebriates. Males are detained in the Gladstone gaol as well as a few of the better class offenders. The remainder of the female inmates are detained in the Gladstone gaol. Each inebriate female's cell contains an iron spring bedstead, with mattress, pillows, sheets, and quilt, and is made as comfortable as circumstances will permit.

The females make their own dresses, underclothing, and bonnets. Shirts, jumpers, sheets, and pillowcases are also made. The females are able to earn from 3d. to 6d. per day. Very many, however, are old and feeble women, who require assistance in dressing and washing themselves, and are quite unfit for reformative treatment. Many of them have been in and out of gaol for upwards of 30 years, and a considerable number has never done a day's honest work outside the gaol. These inmates are frequently recruited from the prostitute class, and give endless trouble to the staff. The efforts to rehabilitate and reform the younger and better class of inebriate is a more hopeful task. There have been 56 habitual inebriates under treatment since the introduction of the Act. Of these 27 were males and 29 females. One female was transferred to the Mental Hospital at Parkside. Another female was sent to the Adelaide Hospital, but refused to submit to treatment. At the end of the year 1 male and 23 females were in the institution at the Adelaide gaol. Eleven males were received from Adelaide in the Inebriates' Institution at the Gladstone gaol. The inmates have been useful in erecting a gas plant, in opening up a quarry, and in digging trenches, etc., etc. An

account is given of the inebriates' quarters. The Sheriff has found that it is extremely difficult to handle the men, who were very dissatisfied with their treatment. He is convinced that the term of two years is not a day too long, and should under no circumstances be shortened. The accommodation provided at these institutions is only tentative, and it was the intention of the late Chief Secretary to provide better surroundings as soon as the finances of the State would permit.

On December 11, 1913, the Offenders' Probation Act, 1913, received assent. The regulations under this Act were gazetted on February 26, 1914. On March 5 the Sheriff was appointed Chief Probation Officer, and Mr. T. W. Perkins Probation Officer. Only two persons have been released under the provisions of the Act. They have been required to enter into a recognizance to be of good behaviour, and have been placed under the supervision of the Probation Officer for a period of 12 months and 2 years respectively. In both instances the individuals have apparently been leading a satisfactory existence.

The number of prisoners received at the Yatala Labour Prison during the year was 198 as compared with 153 in the previous year. The number discharged was 183, including 2 prisoners who were removed to the Adelaide Hospital, 2 who were transferred to the Hospital for Criminal Mental Defectives, and 1 who died. The cash earnings amounted to over £2,130. The average earnings per man worked out at £25 12s. 6d., and reduced the average cost per man to £48 13s. 10d. In 59 instances the Visiting Justices had to deal with offences. With the exception of 4, these were of a minor character. Two brothers attempted to escape; one was charged with inciting prisoners to riot, and the fourth attempted to cut the iron bars of his cell window.

In all 576 cases of illness were dealt with. This number includes minor complaints which were attended to by the Dispenser. We are not told whether it was left to the dispenser to make a diagnosis. One prisoner was removed to the Adelaide Hospital for acute appendicitis, another on account of an attack of morbilli, a third man received severe injury through the premature explosion of a charge during a blasting operation. This man died. A fourth prisoner was discharged to the Adelaide Hospital on account of diabetes.

University Intelligence.

THE UNIVERSITY OF SYDNEY AND THE WAR.

The following is a report issued by the Faculty of Medicine of the University of Sydney, dealing with the proposals under consideration by the legislature in connexion with the speeding up of the medical course and the issuing of degrees to men who have completed the curriculum within a shorter period than that prescribed, for the purpose of joining the Army Medical Service. It must be pointed out that the examinations are conducted in the usual manner and that, although the candidates may have spent a shorter period of study at the University, the test has not been altered.

The Faculty of Medicine has had under careful consideration the suggestion that a preliminary qualification in surgery should be granted to medical students volunteering for active military service, and that they should afterwards return to the University to complete their qualifications in medicine, and has the honour to report as follows:—

1. The great demand for Australian medical graduates at the present time is not only for the the Australian Army Medical Corps, but also for appointment to the Royal Army Medical Corps. Before appointment to the Royal Army Medical Corps, the War Office requires from each candidate a certificate of registration as a medical practitioner from the General Council of Medical Education and Registration of the United Kingdom.

Under the provisions of the Medical Practitioners Act, graduates of Colonial Universities are placed upon the Colonial list of the British Medical Register,

His Majesty in Council having previously defined the Colonies to which the law applies. "A person who desires to be registered as a Colonial practitioner must prove to the Registrar of the General Council of Medical Education and Registration of the United Kingdom that he holds a recognized Colonial diploma granted in such a British possession; and that he is of good character and entitled to practise Medicine, Surgery and Midwifery in such possession."

The evidence required by the General Council of Medical Education and Registration of the United Kingdom from Sydney graduates that they are entitled to practise in New South Wales is a Certificate of Registration from the Medical Board of New South Wales.

(Note.—Some difficulty was experienced in the case of several of our graduates who volunteered in December last, and who omitted to take with them their registration certificates. Evidence of their registration had to be cabled to the War Office before they were accepted for the Royal Army Medical Corps.)

2. For the reasons that (a) the War Office requires registration on the British Medical Register before appointment of Army Medical Officers; and (b) the registration implies a recognized diploma in medicine, surgery and midwifery, the Faculty is of the opinion that to issue a preliminary diploma in surgery alone, omitting certain subjects from the last part of the curriculum as has been suggested, would debar the holders of such a diploma from registration in Great Britain and from services with the Royal Army Medical Corps, where they are urgently needed.

4. The Faculty also considers that, in addition to surgery, a knowledge of the other medical subjects is essential for services in the Australian Army Medical Corps.

5. The Faculty is therefore of opinion that the measures previously recommended whereby the full course is compressed by making use of the vacations are the best that can be devised for shortening the course and so accelerating the supply of Army Medical Officers.

A meeting of the staff of the University of Sydney was held in the Union Hall, Sydney, on July 26, 1915. The President of the Professorial Board, Professor T. W. E. David, C.M.G., was voted to the chair.

It was decided that those present form a Committee of National Service of the University of Sydney, and that all members of the staff be invited to join the committee. Sir Thomas Anderson Stuart proposed that each member of the staff should be invited to indicate what special work he was able to perform, so that steps might be taken to inform the Commonwealth how the staff of the University might be utilized in this national emergency. He pointed out that the Minister for Defence asked that every member of the community should do as much as he was able to aid in a complete national organization for military and economic purposes, and that many members of the staff of the University were anxious to do something practical to assist the State. What was required was some means to bring about a channel of communication between the staff and the Department.

The proposal was carried, and an executive committee appointed to carry it into effect.

Hospitals.

THE MELBOURNE HOSPITAL.

An election for two Vice-Presidents of the Melbourne Hospital was held at the Athenæum Hall on July 30, 1915. The candidates were Mr. A. T. Danks, Dr. T. P. McInerney

and Mr. R. Murchison. The polling went in favour of Messrs. Danks and Murchison, who secured 783 and 654 votes, as against 265 recorded in favour of Dr. McInerney.

QUARANTINE AT THE ROYAL PRINCE ALFRED HOSPITAL.

We are authorized to make the following statement in regard to the closure of the Royal Prince Alfred Hospital to visitors. During the past three weeks diphtheria has manifested itself in a number of patients, nurses, and resident medical officers at the hospital. In the next place, morbilli occurred among the patients and staff some three weeks ago. Four nurses, one resident medical officer and six patients were infected. A fortnight ago a nurse attached to a ward for infectious cases was attending a patient who was suffering from scarlatina, and was attacked by the disease herself. It appears that a number of persons coming in contact with this nurse have contracted the disease. As a result of these outbreaks enquiries have been instituted, and it has been ascertained that the infection has been introduced into the hospital by visitors in the case of diphtheria and morbilli. The Visiting Committee therefore determined on the recommendation of the Medical Superintendent, to close the hospital to visitors.

Correspondence.

WHITE AUSTRALIA POLICY.

Sir,—Your correspondent, Richard J. A. Berry, in your issue of July 24 concurs with "M.B. (Melb.)" that "The Panama is a monument to medical science, but black men built the canal."

This I consider conveys the impression that white men were unable to do the work the black man performed. The probable main reason why black men were employed instead of white men was because black men could be more easily procured in great numbers, were far cheaper and would be more easily handled than white men.

Coloured labour, i.e., black labour, is very largely used on the gold mines of Johannesburg to the extent of some two hundred thousand, but that does not follow that white men could not do the work better and more economically than the Kaffir. As a matter of fact, directly after the Boer War a Special Commission reported on this very subject, and found that white labour could work those vast mines more economically than black labour.

Your correspondent further considers that the settlement of Northern Australia in reality resolves itself into "a medical problem of the first magnitude."

I quite agree that the medical aspect of the settlement of the North is of the utmost importance, but hardly more so than it is in other parts of Australia.

Every effort of medical science is devoted to preventing and combating diseases peculiar to the southern half of Australia, surely the same efforts would, in the ordinary course of events, be exercised to prevent and combat diseases peculiar to the northern half of this continent.

I am not aware that the north is anything but an exceedingly healthy place to live in. Yellow fever is unknown, malarial districts are few and far between, and tropical dysentery one hardly hears of. Ankylostomiasis may, of course, become a problem in the future.

There is no difficulty facing the development of the north of Australia from a disease point of view that is in any conceivable way comparable to that which confronted the builders of the Panama Canal, where deadly malaria and yellow fever were rampant.

Some few days ago the daily papers printed a discussion in the Federal Parliament on the Northern Territory, and one member described the attempts to develop the Northern Territory as the greatest waste of public funds and as the most appalling failure of its kind on record.

The failure was due neither to climate nor disease; it was due to faulty method.

Every part of the new world, e.g., the American continents, has been successfully developed on one system alone, and that system is generally known as the "land grant system," alternate blocks of land being granted to private enterprise, railway companies, etc., the other alternate blocks are surveyed and subdivided by the State into decent living areas and given free and freehold (not leasehold or perpetual leasehold) to the settlers.

The blocks held by the railway company are settled by that company, and a guarantee to the company that the land shall be settled, and the railway company procures the immigrants, building harbours, running ships, etc., for the purpose, and does everything humanly possible to make the settler a success, and all this subject to the laws of the Federal Government.

It is surely time, considering the life-and-death struggle that is now going on in Europe, which is largely for the possession of Australasia and Oceania, that the people of Australia aroused themselves to a sense of national security and belief in their own colour and race, and made themselves thoroughly familiar with the all-important system of land settlement referred to; a system which is successfully applied to-day in Canada, our great sister Dominion, a country too not so well adapted to easy settlement as Australia.

Yours, etc.,

N. PERN, M.R.C.S., L.R.C.P.

Port Fairy (undated).

OPERATION FOR VARICOCELE AS A MILITARY REQUIREMENT.

Sir,—I find that there is a mistake in my letter on the above subject, published in *The Medical Journal of Australia* on July 31, 1915. The 50 cases of varicocele at St. Vincent's Hospital represent six months' work and not 12. The matter is thus worse than I thought. I notice that you have overlooked a printer's error in the spelling of the word "meticulous."

Yours, etc.,

Sydney, July 30, 1915.

R. SCOT SKIRVING.

Sir,—A few days ago I examined a young man, aged 21, who wished to enlist.

Toowoomba is the centre for the Darling Downs, but to accelerate recruiting the Defence Department has asked the medical men in the outside towns to examine recruits voluntarily. If passed by the local medical man, they are granted a railway pass to Toowoomba, where they are re-examined by the medical officers.

This man had walked 32 miles over bad roads, just after heavy rain, for the purpose of enlisting—a fairly severe test of his fitness. He may have had a varicocele. At any rate I thought it negligible, and passed him. The man then returned home for a few days.

He then walked again into Killarney. The roads were so bad that, although he offered to pay £1 to be driven into Killarney, no one was game to tackle the road. He then went to Toowoomba, and was promptly rejected. Knowing that the rejection of such a man must damage the recruiting in this district, I asked the local (voluntary) recruiting officer to telegraph to Toowoomba to find out cause of rejection.

Here is the reply:—

"Rejected for varicocele; very strict re this complaint."

Rejected for a slight abnormality, which he did not know existed, and which had never given him one minute's trouble.

Here are the facts:—

A strong, able-bodied young man, a bush-worker, used to all sorts of hardships, wishes to enlist.

To enlist he twice in one week walks 32 miles in a day, through mud and slush.

The man is perfectly sound. He is rejected because he has a few varicose veins round one testicle, a condition so trivial that he did not know it existed. Is this the way to encourage recruiting?

A few days ago I examined for enlistment a wallaby shooter—a man earning his living by walking long distances over rough country.

This man also has a varicocele, but not marked. Out of

curiosity I asked him if it troubled him. He replied: "Never knew it was there!"

This man is perfectly sound. He is the stamp of man that is needed; wiry, used to hardships. I have passed him; but I fully expect he will be rejected.

For the last twelve years I have been in country practice amongst farmers, labourers, miners, shearers, stockmen, timber-getters, etc.—all men engaged in heavy manual labour.

I have seen a considerable number of varicoceles incidentally, but I have only once been consulted by a patient about varicocele. This was a young man who had been reading quack advertisements. My only treatment was to advise the patient to burn his advertisements. His varicocele troubled him no more.

For the sake of our Empire appealing for men, I am glad to see that Dr. Scot Skirving, one of the leaders of the profession, is speaking out and trying to induce the military authorities to abandon regulations based on obsolete and antiquated ideas.

Yours, etc.,
F. W. HARLIN.

Killarney.
(Undated.)

Medical Appointments.

Dr. Savage has been appointed Government Medical Officer at Wellington, New South Wales, in place of Dr. Watt, resigned.

Dr. F. S. Hone has been appointed Acting Chief Quarantine Officer (General) for South Australia, in the place of the late Dr. Gething.

Dr. H. E. Dunstan has been appointed Quarantine Officer at Port Augusta, South Australia, in place of Dr. L. J. Pellow, resigned.

Dr. F. J. Elliott has been appointed Acting Quarantine Officer at Derby, Western Australia, during the absence of Dr. Gordon.

Dr. T. Wilson has been appointed Chief Quarantine Officer (General), Darwin, Northern Territory, in place of Dr. F. Howson, resigned.

Thomas Cooksey, Esq., F.I.C., Ph.D., B.Sc., the Government Analyst for New South Wales, has been appointed a member of the Advisory Committee, under the provisions of the "Pure Food Act, 1908."

Medical Appointments Vacant, etc.

For announcements of medical appointments vacant, assistants, locum tenentes sought, etc., see "Advertiser," page xiii.

Mareeba District Hospital, Medical Superintendent.
Brisbane Hospital, Resident Medical Officers.
Royal Australian Navy, Temporary Surgeons.

Diary for the Month.

- Aug. 11.—Melb. Pædiatric Soc.
- Aug. 12.—Annual General Meeting of the Australasian Medical Publishing Company, Limited, at Melbourne.
- Aug. 12.—North Eastern Med. Assoc. (Tamworth), N.S.W.
- Aug. 12.—Vic. Branch, B.M.A., Council.
- Aug. 13.—N.S.W. Branch, B.M.A., Clinical Evening.
- Aug. 13.—S. Aust. Branch, B.M.A., Council.
- Aug. 17.—N.S.W. Branch, B.M.A., Executive and Finance Committee, Ethics Committee.
- Aug. 18.—W. Aust. Branch, B.M.A., General.
- Aug. 20.—Q. Branch, B.M.A., Council.

- Aug. 24.—Vic. Branch, B.M.A., Eye and Ear Section.
- Aug. 25.—Vic. Branch, B.M.A., Council.
- Aug. 27.—N.S.W. Branch, B.M.A., Ordinary.
- Aug. 27.—Melb. Hosp. Clin. Soc.
- Aug. 31.—N.S.W. Branch, B.M.A., Organization and Science Committee, Medical Politics Committee.
- Sept. 1.—West. Suburbs Med. Assoc., N.S.W.
- Sept. 1.—Vic. Branch, B.M.A., Monthly.
- Sept. 3.—Queensland Branch, B.M.A., Monthly.

Covers for binding *The Medical Journal of Australia* for Vol. I, 1915, can be obtained on application to the Manager, B.M.A. Building, 30-34 Elizabeth Street, Sydney. The price of a cloth cover is 2s., and of half leather 3s. 6d.; postage, 7d.

Important Notice.

Medical practitioners are requested not to apply for any appointment referred to in the following table, without having first communicated with the Honorary Secretary of the Branch named in the first column, or with the Medical Secretary of the British Medical Association, 429 Strand, London, W.C.

Branch.	APPOINTMENTS.
QUEENSLAND. (Hon. Sec. B.M.A. Building, Adelaide Street, Brisbane).	Brisbane United F.S. Institute. F.S. Lodges at Longreach.
WESTERN AUSTRALIA. (Hon. Sec. 230 St. George's Terrace, Perth).	Swan District Medical Officer. All Contract Practice Appointments in W.A.
NEW SOUTH WALES. (Hon. Sec. 30-34 Elizabeth Street, Sydney).	Australian Natives Association. Balmain United F.S. Dispensary. Burwood District F.S. Institute. Canterbury United F.S. Dispensary. Goulburn F.S. Association. Leichhardt and Petersham Dispensary. M.U. Oddfellows Med. Inst., Elizabeth Street, Sydney. Marrickville United Friendly Societies' Dispensary. Mullumbimby District Friendly Societies. N.S.W. Ambulance Association and Transport Brigade. N. Sydney United F.S. People's Prudential Benefit Society. Phoenix Mutual Provident Society. F.S. Lodges at Braidwood. F.S. Lodges at Casino. F.S. Lodges at Lithgow. F.S. Lodges at Mudgee. F.S. Lodges at Orange. F.S. Lodges at Parramatta, Penrith, and Auburn. F.S. Lodges at Wellington. Newcastle Collieries— Killingworth. Seaham Nos. 1 and 2. West Wallsend.
SOUTH AUSTRALIA. (Hon. Sec. 3 North Terrace, Adelaide).	The F.S. Medical Assoc. Incorp. Adelaide.

EDITORIAL NOTICES.

Manuscripts forwarded to the office of this Journal cannot under any circumstances be returned.
Original articles forwarded for publication are understood to be offered to "The Medical Journal of Australia" alone, unless the contrary be stated.
All communications should be addressed to "The Editor," "The Medical Journal of Australia," B.M.A. Building, 30-34 Elizabeth Street, Sydney, New South Wales.